

**DIRECT PAYMENT AUTHORIZATION  
CITY OF O'FALLON WATER DEPARTMENT  
O'FALLON, ILLINOIS**

**INSTRUCTIONS: Please fill in the top portion of the form, attach a voided check and a copy of a photo ID and return to:**

**O'Fallon Water & Sewer Department  
255 S Lincoln Avenue  
O Fallon, IL 62269**

I (we), \_\_\_\_\_, hereby authorize the City of O Fallon, O Fallon, Illinois, hereinafter called CITY, to initiate credit entries into the City Account at Bank of O Fallon. These entries will represent payment for water and/or sewer services provided by the City. These entries are authorized from my account at the financial institution named below, hereinafter called DEPOSITORY. This debit at my Depository is authorized to the account listed below. Also, if necessary, I authorize the City to initiate any adjusting entries (debits or credits) to correct any error to my (our) account listed below. This authority is to remain in full force and effect until the City has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City and Depository a reasonable opportunity to act on it.

<b>NAME</b>			
<b>SERVICE ADDRESS</b>			
<b>HOME PHONE #</b>		<b>WORK #</b>	<b>CELL #</b>

**SIGNATURE(S)** \_\_\_\_\_

**For internal use only**

<b>DEPOSITORY NAME</b>		<b>BANK CODE</b>
<b>DEPOSITORY CITY, STATE, AND ZIP</b>		
<b>TYPE OF ACCOUNT:</b>	<b>CHECKING</b>	<b>SAVINGS</b>
<b>ACCOUNT #</b>		
<b>TRANSIT/ABA #</b>		
<b>DATE REC'D</b>	<b>REC'D BY: D M C</b>	<b>ID INITIALS:</b>