

**Village of Pecatonica**  
405 Main Street \* PO Box 730 \* 815.239.2310  
Pecatonica, IL 61063  
villageclerk@villagepfpecatonica.com

Authorization for Automatic Withdrawal Bank Payments

CUSTOMER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Billing Account # \_\_\_\_\_ Phone # \_\_\_\_\_

FINANCIAL INSTITUTION INFORMATION

Bank Name \_\_\_\_\_

Name on Account \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account Type (check one)     CHECKING     SAVINGS

Transaction Date will be the 25<sup>th</sup> of every month  
(Date in which the funds will be deducted from your account, if date falls on a weekend or holiday then the transaction will take place the next business day)

I authorize the Village of Pecatonica to deduct my water/sewer/recycle payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to the Village of Pecatonica will revoke this authorization.

The Village of Pecatonica reserves the right to cancel Electronic Fund Transfers without notice due to insufficient funds.

\_\_\_\_\_  
Print Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please attach a copy of voided check and/or savings deposit slip.**