

**WESTVILLE BELGIUM SANITARY DISTRICT  
120 E MAIN ST  
WESTVILLE IL 61883  
217/267-2239 MAIN  
217/267-3251 FAX**

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[WBSANITARY@WBSANITARYDISTRICT.COM](mailto:WBSANITARY@WBSANITARYDISTRICT.COM)

WBSD Customer Name \_\_\_\_\_

WBSD Account Number \_\_\_\_\_

WBSD Customer Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

***Email Billing – Yes or No (circle one)***

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH**

Direct payment via ACH is the transfer of funds from a consumer account to make a payment. I (we) authorize Westville Belgium Sanitary District (“COMPANY”) to debit my (our) electronically account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

\_\_\_ Checking Account/ \_\_\_ Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

The amount of debt (s) or method of determining the amount of debt (s) (or specify the range of acceptable dollar amounts authorized): \_\_\_\_\_.

Date(s) and/or frequency of debit(s): 15TH of each month. I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY “In writing” that I (we) wish to revoke this authorization. I (we) understand that the COMPANY requires at least (30 days) prior notice to cancel this authorization.

**Name(s)** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature(s)** \_\_\_\_\_