VILLAGE OF SHILOH

ACH DEBIT AUTHORIZATION

I, _____, authorize The Village of Shiloh to initiate electronic debit entries

for payment of my sewer bill for _____ to my:

(Sewer Billing Service Address)

☐ Checking Account   ☐ Savings Account

BANKING INFORMATION (*please print*):

Financial Institution Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Routing Number: _____ Account Number: _____

Please include a voided check or an account verification letter from your financial institution.

How to Change or Revoke or this Authorization:

Submit request writing to The Village of Shiloh at:

Fax to: (618) 551-4941

Email to: sewerbilling@shilohil.org

Mail to: Village of Shiloh • 1 Park Drive • Shiloh, IL • 62269

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Village of Shiloh in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Village of Shiloh may at its discretion attempt to process the charge again within 30 days, and agree to an additional $15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

_____   _____   _____

Name of Authorizing Person (*please print*)   Signature of Authorizing Person   Date

If you would like paperless billing, please provide the email address in which you would like to receive your invoices: _____