



Village of Loami

602 N. Main Street
P.O. Box 226
Loami, IL 62661

Water/Sewer Acct # _____

Dear Village Customer:

This will enable our bank to automatically withdraw your water/sewer bill payment on a monthly basis. If you are interested in this payment option, please complete this form, attach a void check or personalized deposit slip and return to the Village of Loami, PO Box 226, Loami, IL 62661.

AUTHORIZATION AGREEMENT FOR ACH DEBITS

It is understood and agreed that this authorization is for payment of sewer and/or water payments to the Village of Loami, IL (The Village). It is also understood and agreed that the term of ACH Debits will be until The Village has received written notification from me of its termination in such time and in such manner as to afford The Village a reasonable opportunity to act on it.

Payments will be paid monthly by automatic bank draft (ACH). The withdrawal will occur on or about the 15th of each month. The withdrawal amount will be the exact amount of your monthly bill from The Village for your sewer and/or water usage. I hereby authorize the Village of Loami to initiate debit entries for my sewer and or water bill payments by drafting my bank account indicated below at the bank named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Service Address: _____

Bank Name & City: _____

Routing Number: _____

(Nine digits found in the lower left-hand corner of your check)

Account Number: _____

This account is a: Checking Account Savings Account

Name: _____

(Please Print)

Signature: _____ Date: _____

Phone Number: 217-624-3111

Fax Number: 217-461-4510

Website: www.loamiil.com

E-mail: loamiil@outlook.com