

CITY OF GALENA, ILLINOIS



Automatic Debit Payment Authorization Form

Name: _____ Customer #: _____

Address: _____
City State Zip

Phone #: _____

I (we) authorize the City of Galena to deduct my (our) monthly water/sewer/garbage bill from my (our) checking or savings account indicated below. (Please print).

Bank Name: _____

City: _____ State: _____

Account Type: Checkings Savings

Account Number: _____

Attention: Please attach a voided check.

Payments will be withdrawn approximately the 15th of every month. If you wish to discontinue participation in this plan, please notify the City of Galena.

Applicant's Signature Date