

# CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



## Automatic Debit Payment Authorization Form

Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_

Please sign me up for paperless billing  Yes  No

Email Address: \_\_\_\_\_

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:  Checking  Savings

Account Number: \_\_\_\_\_

Attention: Please attach a voided check.

Payments will be withdrawn approximately the 15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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date