



VILLAGE USE ONLY
ACCOUNT NUMBER: _____

DIRECT DEBIT AUTHORIZATION AGREEMENT

The undersigned hereby authorizes the Village of St. Joseph, Illinois to directly withdraw from the following account.

Payment for all Sewer bills provided by the Village of St. Joseph to the undersigned:

SIGNATURE

DATE

NAME

PHONE

BANK NAME

ACCOUNT NUMBER

ROUTING NUMBER

ADDRESS

A copy of a voided check from my aforesaid account is ATTACHED.

VILLAGE OF ST. JOSEPH
207 EAST LINCOLN STREET, P.O. BOX 716 • ST. JOSEPH, ILLINOIS 61873-0716
PHONE 217-469-7371 • FAX 217-469-7019