

City of Macon

PO Box 349
Macon IL 62544
217-764-3643

ACH Payment Authorization Form

Sign and complete this form to authorize the **City of Macon** to debit to your checking or savings account for water payments. Water account(s): _____

By signing this form, you give us permission to debit your account.

Please complete the information below:

I _____ authorize the **City of Macon** to debit my bank account monthly for the water bill payment.

Billing Address _____

Phone# _____

City, State, Zip _____

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds will be withdrawn from my account monthly. This authorization is to remain in full force and effect until the City of Macon has received written notification from me of its termination in such time and in such manner as to afford the City of Macon and Hickory Point Bank opportunity to act on it.