

DON'T FORGET TO INCLUDE A VOIDED CHECK OR DEPOSIT SLIP.

NAME:
CITY USE ONLY

ACCOUNT #

DATE INITIATED:

DATE TERMINATED:

Using the following instructions, please fill out the information form at the bottom of the page in order to begin pre-authorized payments. The completed form along with a voided check (if using a checking account) or a deposit slip (if using a savings account) may be returned or mailed to:

City of Rock Island
Finance Department
1528 Third Avenue
Rock Island, IL 61201

If you need assistance or have any questions, please contact the Finance Department at 732-2000, Monday through Friday between 8:00 am and 5:00 pm.

1. WATER SERVICE ADDRESS: The address where you have water service.
2. DEPOSITORY NAME: The name of the bank that holds your checking and/or savings account.
3. ADDRESS: The address of your bank.
4. CITY: The city where your bank is located.
5. STATE: The state where your bank is located.
6. ZIP: The zip code of your bank.
7. TRANSIT/ABA NO.: This is a nine digit number located at the bottom of your check or can be obtained from your bank.
8. ACCOUNT NO.: Your bank account number (can be a checking or savings account).
9. NAMES: The name or names that appear on your bank account.
10. TELEPHONE NUMBER: Your daytime phone number including area code.
11. DATE/SIGNED: Please date and sign the form.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

COMPANY WATER SERVICE
NAME: City of Rock Island ADDRESS: _____

I (we) hereby authorize City of Rock Island, hereinafter called COMPANY, to initiate debit/credit entries to my (our) checking/savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account.

DEPOSITORY
NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO. - - ACCOUNT NO.: _____

Checking OR Savings

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ NAME: _____
(PLEASE PRINT) (PLEASE PRINT)

TELEPHONE: _____ DATE: _____

SIGN: _____ SIGN: _____