

VILLAGE OF GOODFIELD

114 S Eureka St.

Goodfield, IL 61742

Ph# 309-965-2517

APPLICATION FOR DIRECT DEBIT OF FUNDS

Monthly Utility Account Billing

Name: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

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

Service Address: (if different from above): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Type of account to be debited from: Checking /Savings (no credit cards will be accepted)

**Please staple a cancelled check to the application.**

**For a Savings account please include the following information:**

Name/s on the account: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Savings account number: \_\_\_\_\_

Your bank routing number: \_\_\_\_\_

For security purposes please answer the following question:

What is the maiden name of the mother for the primary account holder: \_\_\_\_\_

**I hereby give my consent for the Village of Goodfield to debit my account for the full amount of my monthly utility bill.**

**I understand that my utility bill will be presented for debit of funds on the 20<sup>th</sup> of each month, if funds are not available it will be treated as a return payment due to insufficient funds and will be subject to all fees and penalties in accordance with the Village of Goodfield code.**

**I understand if my payment is rejected for insufficient funds that it is my responsibility to pay my monthly bill in full by the 27<sup>th</sup> of the month to avoid the assessed penalties.**

**I understand that it is my responsibility to provide in writing any information regarding changes to my banking account.**

**By signing this application I signify that I have read and understand the above policy.**

\_\_\_\_\_  
Signature: (If there are two names on the account both parties must sign this application) Date \_\_\_\_\_

\_\_\_\_\_  
Signature: Date \_\_\_\_\_