BRIGHTON MUNICIPAL WATER & SEWER DEPARTMENT

206 S. MAIN STREET
BRIGHTON, IL 62012
PHONE: (618) 372-8484

ACH BANK DRAFT PAYMENTS SIGN UP FORM

CUSTOMER INFORMATION

Name(s): _____

Account Number: _____

Service Address: _____

E-mail Address: _____

Phone number (Including area code): _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name: _____

Bank Routing & Transit #: _____

Name on Account: _____

Account Type (Circle One) CHECKING SAVINGS

Account Number: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information. I am also providing a VOIDED CHECK for Brighton Water & Sewer Department's records.

I authorize Brighton Water & Sewer Department to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Brighton Water & Sewer Department will revoke this authorization. A returned payment will be charged $35.00 fee. Auto Draft will be processed on the 12th of each month. If the 12th is a weekend or Holiday, it will be processed on either the 11th or 13th. Brighton Water & Sewer & The Village of Brighton reserves the right to cancel Auto Draft due to 3 return payments.

Print Authorized Name

Authorized Signature Date

Office Personnel Date