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 of	ode):	
FINANCIAL INSTITUTION INFOR	MATION:	
Bank Name:		
Bank Routing/Transit #:		
Name on Account:		
Account Type (Circle One)	CHECKING	SAVINGS
Account Number:		
account provided for ACH trans	actions, and that I am a	n an authorized signer or designate of the authorized to provide this information. I & Sewer Department's records.
account via Electronic Fund Tran	nsfer. I also authorize I in the event that a deb	duct my utility payments from this bank Brighton Water & Sewer Department to lit entry is made in error. I understand wer Department will revoke this
Brighton Water & Sewer & The Village insufficient funds without notice.	of Brighton reserves the rig	ght to cancel electronic Fund Transfers due to
Print Authorized Name		
Authorized Signature		Date