

Mitchell Public Water District

P.O. Box 8125

745 E Chain of Rocks Rd

Granite City, IL 62040

(618)931-0164

DIRECT PAYMENT APPLICATION

PAYMENT'S TRANSFERRED ON 20TH OF EVERY MONTH

I authorize MITCHELL PUBLIC WATER DISTRICT to initiate electronic debit entries to my _ Checking Account (or) ___ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled in writing.

Customer Name _____ **Service Address** _____

Account _____ **Date** _____

Signature _____ **Date** _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please include a voided check: