

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 20<sup>TH</sup> 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:**