



VILLAGE OF DIVERNON

DIRECT DEBIT AUTHORIZATION

Customer Name:	Start Date:	Utility Bill Account #:
Billing Street Address:	Phone #:	
City:	State:	Zip Code:

Deduct: ☐ Total Amount of Monthly Bill

Frequency: ☐ Recurring (Monthly)

☐ Budget Billing Amount

☐ Single Entry

☐ \$ _____

☐ Other _____

Routing #:	Bank Account #:
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Deductions are made on the monthly bill due date. If that date falls on a weekend or holiday, the funds will be deducted the first business day prior to that date.

Enrollment Form Can Be Submitted as Follows:

Option 1 – Mail In / In Person	Option 2 - Email	Option 3 - Fax
Village of Divernon 50 E Brown Street Divernon, IL 62530	Email Address: divvlg@comcast.net	217-628-3076

I hereby authorize the Village of Divernon to debit my bank account according to the instructions above until these directions have been made amended or revoked in writing, by phone or in person no less than 10 days prior to the bill due date.

Signature: _____

Date: _____

NOTE: Please provide the Village of Divernon with your required bank information by attaching a copy of a voided check for the account to be debited.

