

FOUNTAIN WATER DISTRICT

Monroe County, Illinois

Authorization for Automatic Monthly Payments

Please Print

Name	Utility Account Number
Address	
City	State and Zip Code
Contact Phone Number	

Checking Account Information

Financial Institution	Branch/Location
Routing Number	Account Number

I wish to have my monthly water bill withdrawn from the above listed checking account. I understand it is my responsibility to review my monthly billing statement and contact Fountain Water District with any questions prior to the due date.

I hereby authorize Fountain Water District to originate a payment from the above listed checking account.

Signed: _____ *Date:* _____

Please remember you must return a voided check or deposit slip.