



**City of Mascoutah
Authorization Agreement**

Please complete and return this form to:

Effective Date: _____

City of Mascoutah
3 West Main St.
Mascoutah, IL 62258

Please select the appropriate option(s).

- _____ I would like to participate in the Budget Billing Plan only.
Complete customer information only.
- _____ I would like to participate in the Direct Payment Plan only.
Complete customer information and direct payment plan sections.
- _____ I would like to participate in both the Budget Billing & Direct Payment Plans.
Complete customer information and direct payment plan sections.

Customer Information

Name (as shown on bill) _____

Billing Account Number _____

Phone Number _____

Service Address _____

Signature _____

Date _____

Direct Payment Plan

I (we) hereby authorize the City of Mascoutah to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called Financial Institution, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I agree to pay a \$25.00 handling fee if my payment is returned for reason of insufficient funds.

(Financial Institution Name) (Branch)

(Address) (City-State) (Zip) (Phone Number)

(Routing/Transit Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until the City of Mascoutah has received written notice of its termination in such time and manner as to afford the City of Mascoutah and Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO FORM IF PARTICIPATING IN THE DIRECT PAY PROGRAM.