



Acct. #: _____
Process date: _____
List #: _____
Cancel date: _____
Cancel reason: _____

John Rickard-Mayor

DIRECT DEBIT AUTHORIZATION

The undersigned hereby authorizes the City of Byron, Illinois
to directly withdraw from the following checking or savings account
payment for monthly utility billing services
provided by the City of Byron
to the undersigned:

Account Name: _____

Address: _____

Telephone #: _____

Bank Name: _____

Bank Telephone#: _____

Bank Routing #: _____

Bank Account Number: _____

Please Indicate: Savings _____ Checking _____

If you would like your bills emailed instead of mailed to you

Email address: _____

Account Holder Signature: _____ **Date:** _____

By signing and returning this form, you give permission to the City of Byron for your monthly debit on your bank account for payment in full of your water/sewer bill. The debit will be processed monthly on the 15th or the Friday before when the 15th falls on the weekend. A \$15.00 NSF fee will be assessed if your account has insufficient funds at the time of the debit.

***Please return this signed form and a voided check to the City of Byron at P.O. Box 916, Byron, IL 61010-0916. For more information, please call 815-234-2762.

*****PLEASE CONTACT CITY HALL WITH ANY CHANGES
ON YOUR BANK ACCOUNT*****