



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:

Utility Bill Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please Indicate: Savings \_\_\_\_\_ Checking \_\_\_\_\_

Email address: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_

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 15<sup>th</sup> or the Friday before when the 15<sup>th</sup> 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\*\*\***