



Village of Cherry Valley

806 East State St Cherry Valley, IL 61016
Phone: (815) 332-3441 Fax: (815) 332-3414

DEBIT AUTHORIZATION FORM

I (WE) hereby authorize The Village of Cherry Valley Water Department to initiate a Charge entry to my (our) checking/savings account at the Financial Institution indicated below. This authority will remain in effect until The Village of Cherry Valley Water Department is notified by me (us) in writing to cancel it in such time as to afford The Village of Cherry Valley Water Department and Bank a reasonable opportunity to act on it.

Name and Address of Financial Institution: _____

Financial Institution's Routing Transit Number _____
(Look between symbols “|: |:” on your check)

Signature

Date

Print Name

Checking Account No. _____

Savings Account No. _____

Water Account No. _____

Please attach a Copy of a Canceled Check