



## DIRECT DEBIT AUTHORIZATION AGREEMENT

The undersigned hereby authorizes the Village of Smithton, Illinois to directly withdraw from the following account, payment for all utility services provided by the Village of Smithton to the undersigned:

---

Name

---

Account Address

---

Phone Number

---

Bank Name

---

Account # – Checking or Savings

---

Routing #

---

Signature

Date

**A copy of a check from my checking/savings account is ATTACHED**

*Please submit completed form and check to the Village Hall at 101 S. Main Street, Smithton, IL 62285 or drop by the office.*