



**Ashmore Water Department**  
Mon, Tues, Wed, Fri 8:00-2:00  
10 W Ashmore St. / PO Box 99  
Ashmore, IL 61912  
217-349-8332

### ACH Origination Agreement for Water Bill Payments

Customer Name: \_\_\_\_\_ Water Account #: \_\_\_\_\_

I (we) authorize Ashmore Water Department to initiate debit entries to my (our) account at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US Law.

We are aware that the Ashmore Water Department will continue to send monthly bills, which will be marked with the date that the ACH Debit will be applied to our account.

I (we) further agree that if our account does not have the funds necessary to cover the balance of our water bill, we will incur a Non-Sufficient Funds charge of \$20 from the Ashmore Water Department, in addition to any charges from the financial institution as per the terms of the deposit account.

Financial Institution Name: \_\_\_\_\_

Financial Institution City, State, Zip: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Name on Account: \_\_\_\_\_

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

Account Type: \_\_\_ Checking \_\_\_ Savings

This authorization is to remain in full force and effect until the Village of Ashmore Water Department has received written notification from me (us) of its termination in such time and in such manner as to allow the Village of Ashmore Water Department and the financial institution a reasonable opportunity to act on it. By signing this agreement, I (we) also certify that I (we) are owners of the above-named account and/or have legal authority to initiate transactions on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

-----Office Use-----

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Method: \_\_\_ Walk-up \_\_\_ Night Drop \_\_\_ Mail Other: \_\_\_\_\_

Note: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.