

Village of Divernon Direct Debit Authorization

Name: _____

Street address: _____

City, state, zip: _____

Phone: _____

Account # with Village: _____

Deduct total amount of monthly bill or \$ _____

To be deducted monthly on (date): _____

Note: If the date specified is a weekend or holiday, the funds will be deducted the business day prior to that date.

I hereby authorize Village of Divernon to debit my bank account according to the instructions above until these directions have been amended or revoked in writing.

Signature

Date

Note: To provide the Village of Divernon with your required bank information, please attach a copy of a voided check for the account to be debited.

