

**Village of Stockton, Illinois**

**Automatic Debit Payment Authorization**

Name: \_\_\_\_\_ Village Account #: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State Zip

Phone # \_\_\_\_\_

I (we) authorize the Village of Stockton to deduct my (our) monthly water/sewer/garbage bill from my (our) checking or savings account indicated below. (Please print).

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type:  Checking  Savings

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Payments will be withdrawn approximately the 9<sup>th</sup> of every month. If you wish to discontinue participation in this plan, please notify the Village of Stockton, Utility Clerk.

\_\_\_\_\_  
Applicants Signature Date

**Note: Please attach a voided check and deliver this completed form to the Utility Clerk at the Village Hall.**