

DIRECT DEBIT CUSTOMER INFORMATION

THE CITY OF JERSEYVILLE

WATER & SEWER ACCT# _____

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET APT.

CITY STATE ZIP

START DATE ____/____/____ CONTACT _____

SECRET CODE _____
(i.e. Mother's maiden name; Pets Name)

TELEPHONE _____

BANK INFORMATION

NAME _____

ADDRESS _____
STREET

CITY STATE ZIP

ACCOUNT TYPE CHECKING SAVINGS

ROUTING NUMBER _____

ACCOUNT NUMBER _____

OFFICE USE
DATE ____/____/____
INITIAL _____

****PLEASE ATTACH A COPY OF CANCELED CHECK. DEPOSIT SLIPS WILL NOT BE ACCEPTED.****

SIGNATURE DATE