

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM
VILLAGE OF MORTON, ILLINOIS**

I, the undersigned, do hereby:

1. Request to participate in the Village of Morton's Electronic Funds Transfer Program;
2. Authorize the Village of Morton to electronically transfer my utility bill payment from my checking or savings account indicated on the attached voided check or savings account deposit slip;
3. Certify that I understand and agree that this authorization will remain in effect until I revoke or amend it in writing;
4. Certify that I understand and agree that my utility bill payment will be deducted from the designated checking or savings account on the twenty-seventh day of each month (or the first business day after that date if the twenty-seventh day of the month is a Saturday, Sunday, or holiday observed by the Village) and that utility bill payments are considered paid on the withdrawal date shown on my Electronic Funds Transfer notice; and
5. Certify that I understand and agree that if the designated checking or savings account has insufficient funds at the time of transfer, my utility bill will be considered unpaid and subject to disconnection and service fees.

Name (Print):

Signature:

Date:

Name (Print):

Signature:

Date:

Property Address:

Utility Account Number:

Name Of Financial Institution:

Withdraw From: Checking _____

Savings _____