

*City of Hickory Hills*

8652 WEST 95th STREET  
HICKORY HILLS, ILLINOIS 60457  
PHONE (708) 598-4800 • FAX (708) 430-6245

**AUTHORIZATION AGREEMENT DIRECT PAYMENT  
FOR UTILITY BILL  
(ACH DEBITS)**



\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Address

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

I (we) hereby authorize THE CITY OF HICKORY HILLS, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

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

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
City-State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Routing/Transit Number

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

Type of Account:    Checking    Savings

**\*\* ATTACH VOIDED CHECK \*\***

This authority is to remain in full force and effect until THE CITY OF HICKORY HILLS has received written notification from me (or either of us) of its termination in such time and manner as to afford THE CITY OF HICKORY HILLS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**For Office Use Only**

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

Date Rec'd: \_\_\_\_\_

Start date: \_\_\_\_\_

Balance: \_\_\_\_\_

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

Initials: \_\_\_\_\_