

VILLAGE OF GRANDVIEW RESIDENTIAL DIRECT PAY ENROLLMENT OR CHANGE FORM

Complete this form and mail or fax it to Village of Grandview, 2377 E. Reservoir, Springfield, IL 62702

Fax: (217) 528-9690

* Indicates a required field.

*Please indicate if you are a new Direct Pay enrollee or if you need to make changes to your existing data.

New

Change

* Account Number: _____ ex: 1234567.89

* Name: _____

* Service Address: _____

* City/State/Zip: _____

* Home Phone: _____ Alternate Phone: _____

* Email Address: _____

Financial Account Information:

* Financial Institution Name: _____

* Financial Routing Number: _____

* Financial Account Number: _____

* Financial Account Type: Checking

Savings

* Date Payment will be deducted from account each month on the following date:

5th 10th 15th 20th 26th

Pat Willis	<input type="text" value="0000"/>	
Anywhere, USA		
_____	\$ <input type="text"/>	
_____	Dollars	
<input type="text" value="000000000"/>	<input type="text" value="0000000000"/>	<input type="text" value="0000"/>

Routing
Number

Account
Number

Check
Number

By submitting this request, you are authorizing the Village of Grandview to initiate a debit from your bank account to pay your monthly Village of Grandview Water bill on the date selected above.

Please attach a blank/voided check from the account that you are wishing the funds to be withdrawn from.

Signature