

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Please attach a blank/voided check from the account that you are wishing the funds to be withdrawn from.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