

# St. Clair Township

Timothy L. Buchanan  
Supervisor

Mark Burk  
Road Commissioner

Mary Carroll  
Clerk

Robert J. Knee  
Assessor

107 Service Street  
Swansea, IL 62226-3994

Phone 618-233-3437  
Fax 618-233-0338

## Trustees

Richard L. Schobert

Dave Barnes

Greg Bridgman

Robert Trentman

### ***DIRECT DEBIT AUTHORIZATION FORM***

Thank you for your interest in our Direct Debit Program. Direct Debit allows us to automatically take payment of your bi-monthly sewer bill directly from your bank account. It's a convenient way to pay your sewer bill.

Here is how the program works:

- Every other month, your regular bill will be sent to you, showing your sewer usage, balance due and due date.
- On the due date of the bill, the balance due shown on the bill will be automatically withdrawn from your designated bank account.
- We do not charge a fee for this program; however some banks may charge you a fee. Please check with your bank.

To begin the Direct Debit Program, simply fill out the form below and mail or bring it to St. Clair Township, 107 Service Street, Swansea, IL 62226. **Please be sure to enclose a VOIDED check from the account you wish your payments to be taken from.**

We appreciate your interest in the Direct Debit Program, and hope it makes paying your sewer bill a little easier. If you have additional questions about this program, please call our office at 618-233-3437.

I hereby authorize St. Clair Township to instruct the financial institution indicated on this form to make my sewer bill payments as they become due from the account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that I am in full control of my direct debit sewer payments. I may discontinue enrollment at any time with written notice 30 days in advance to St. Clair Township. Both St. Clair Township and the financial institution listed reserve the right to terminate this payment plan and my ACH participation at any time. Please complete this form and enclose your voided check and return it to St. Clair Township.

\_\_\_\_\_  
Customer Name (please print)

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

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

\_\_\_\_\_  
Daytime Telephone Number

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

\_\_\_\_\_  
Bank Account Number CheckingSavings

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date