

St. Clair Township

Supervisor
Dave Barnes

Road Commissioner
Jim Hursey

Clerk
Jana Armstrong-Moll

107 Service Street
Swansea, IL 62226-3994

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

Trustees

Julie Zimmerman-Miller

Donald Wallace

John Vosler

Michael Isenhart

DIRECT DEBIT AUTHORIZATION FORM

Thank you for your interest in our Direct Debit Program. Direct Debit allows us to automatically deduct 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 (even months), your yellow bill/postcard will be mailed to you indicating your sewer usage, sewer cost and the due date (always due on the 15th of each odd month). The stub you would normally return to us will always show \$0.00 due. A Direct Debit message on the bill will state the amount to be deducted from your account on the due date.
- Your payment amount, indicated on the left side of your bill, will be automatically withdrawn from your designated bank account on the due date that is printed on the left bottom corner of your bill.
- 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 it to St. Clair Township at 107 Service Street, Swansea, IL 62226. **Please be sure to enclose a VOIDED check from your Checking for the account that you request your payments to be deducted from.** You may also fax them to 618-233-0338 or visit our office in person.

Your Direct Debit should begin with the next bill that is issued after processing your completed information. If your Direct Debit information has been received and processed, your bill will indicate Direct Debit. Applications received after the 5th of the even numbered months will NOT be applied to your account until the next billing cycle.

We appreciate your interest in the Direct Debit Program and we 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)

Service Address

Financial Institution

Signature

Sewer Account Number

Daytime Telephone Number

Bank Account Number - Circle One: Checking / Savings

Date