

**CITY OF TAYLORVILLE**  
**WATER COLLECTION DEPARTMENT**  
115 North Main  
Taylorville, Illinois 62568-1944  
Phone: (217) 824-2919

REQUEST FOR AUTOMATIC DRAFT  
FROM MY FINANCIAL INSTITUTION

I, \_\_\_\_\_ do hereby request that my water/sewer bill be automatically drafted from my bank account at \_\_\_\_\_ on the 15<sup>th</sup> or the last business day prior each month.

Attached is a **voided/cancelled** check for the purpose of banking information needed to implement this process. If no check, please fill out your routing and account information below.

Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Savings \_\_\_\_\_ Checking \_\_\_\_\_

Name: \_\_\_\_\_

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

Utility Account No. \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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