

CITY OF TAYLORVILLE
WATER COLLECTION DEPARTMENT
115 North Main, SUITE #4
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 15th or the last business day prior each month.

Attached is a voided/cancelled check for purposes of banking information needed to implement this process.

Savings _____ Checking _____

Name

Signature

Service Address

Utility Account No.

Phone Number

Date