Authorization for Electronic Funds Transfer (EFT)

For the next billing cycle: I (we) hereby authorize Urbana & Champaign Sanitary District, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payment on UCSD bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. Please allow 30 days for notice of termination.

(Financial Institution Name) _____ City/State of Bank: _____

_____ _____ Type of Account: ☐ Checking ☐ Savings

(Routing/ABA Number) (Account Number) (check submitted with payment must match banking info listed)

Parcel Account Number _____

_____ _____

Signature Date

Phone #: (_____)_____ Email Address: _____

E-Mail Bill _____ (please initial)

Mail or Fax completed form with voided check to:

Urbana & Champaign Sanitary District
PO Box 669
Urbana, IL 61803
Fax: 217-367-2603