

THE CITY OF STAUNTON

304 West Main Street
Staunton, IL 62088
618-635-2233

**Automatic Pay Plan – Water/Sewer Payments
Enrollment/Authorization Form**

1. Please enroll my account in the Automatic Pay Plan.
Complete all sections. Please use a separate form for each account.

Name (as it appears on your bill): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____

2. Your Water/Sewer Billing Account Number.

____ - ____ - ____ - ____ - ____

3. I/We authorize The City of Staunton to instruct my/our financial institution to deduct my Water/Sewer payments from my checking or savings account. If at any time I decide to change banks or discontinue this payment service, I/we will notify in writing The City of Staunton.

Signature: _____

Co-Signature: _____

Date: _____

4. I have enclosed a voided check OR
 I am using a savings account to enroll in the Automatic Pay Plan.

Routing Number *: _____

Account Number: _____

* Call your financial institution for this information.