



Direct Pay Authorization

I hereby authorize the City of Tuscola to initiate charges to my account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the Direct Pay Plan. This authorization will remain in effect until the City of Tuscola has received written notification from the authorized parties to terminate this payment arrangement and has a reasonable opportunity to act on that notification. I agree that I am obligated to the City of Tuscola for utility services and insufficient fund charges in the event that a charge to my account is dishonored, for whatever reason, and the City of Tuscola retains its normal collection rights.



Water/Sewer/Garbage Utility Bill

Customer Name: _____

Account #: _____ Service Address: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Account:



Checking



Savings

Call your financial institution for this information if you do not know it.

Contact the City of Tuscola office at 253-2112 if you have a need to deduct your bill from multiple accounts.

ABA Routing Number: _____ Account Number: _____

Customer Signature: _____ Date: _____

Complete this form and return it to:

City of Tuscola
214 N. Main St.
Tuscola, IL 61953
253-2112