TOWN OF LYONS
Utility Billing
Direct Payment Authorization Form

Please complete the information below:

Name: _____

Utility Service Address: _____

Customer Account Number: _____

Phone :_____

I authorize the Town of Lyons to initiate electronic debit entries to my:
_____ checking account (or) _____ savings account

for payment of my Town of Lyons Utility Bill on or about the 20th of each month.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The authority will remain in effect until I have cancelled it in writing.

Date _____

FINANCIAL INSTITUTION NAME (Please Print) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____

ATTACH VOIDED CHECK HERE