



Village of JUSTICE

Phone 708-458-2520

FAX 708-458-4582

7800 South Archer Road, Justice, Illinois 60458

DIRECT DEBIT AUTHORIZATION FORM

Customer Account # _____

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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Name: _____

ID Number: _____

Signature: _____

Date: _____

I _____ authorize The Village of Justice to initiate debit entries to the institution [“The Institution”] and account indicated below. I further authorize The Village of Justice to initiate credit entries to the account listed below to correct any errors. This authority is to remain in full force and effect until The Village of Justice has received written notification from me of its termination in such time and in such manner as to afford The Village of Justice and The Institution a reasonable opportunity to act on it prior to deposition to the account.

AUTHORIZED DEBIT ACCOUNT	
INSTITUTION NAME:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT (Check only one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
INSTITUTION ROUTING NUMBER:	

You must attach a copy of a voided check for checking accounts below. **DEPOSIT TICKETS ARE NOT ACCEPTABLE.** Attach routing number and account verification from your financial institution for saving account deposits.

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ATTACHED VOIDED CHECK HERE

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