

City of Lewistown
Water Department
119 S. Adams
Lewistown, IL 61542

Date: _____

I/we, _____, authorize the following financial institution _____ (Routing # _____) to withdraw funds from my account # _____ via Electronic Funds Transfer to pay my water bill with the City of Lewistown (account # _____) in full monthly on the ____ day of each month. I authorize my financial institution to electronically transfer

Signed: _____

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Public