



AUTOMATIC BANK ACCOUNT WITHDRAWAL AUTHORIZATION FORM

Use this form to authorize CWLP to withdraw your monthly CWLP bill payments from your checking or savings account.

This form cannot be completed and submitted electronically. You will need to print it out, fill it in manually, and submit it by mail or in person to:

CWLP Customer Service Office
Room 101
Municipal Center West
Springfield, IL 62757

Be sure to include a voided blank check for the account from which you wish your payments to be withdrawn.



Bank Name _____

Bank Account # _____ Checking ___ Savings ___

YOU ARE HEREBY AUTHORIZED, UNTIL FURTHER NOTICE, TO DEBIT FROM THE ABOVE ACCOUNT ALL CHARGES FOR SERVICES RENDERED AGAINST THE UNDERSIGNED BY CITY WATER, LIGHT AND POWER, CITY OF SPRINGFIELD PUBLIC UTILITIES.

Customer # _____ Account # _____

Service Address _____

Customer Signature _____

PLEASE ENCLOSE A VOIDED CHECK

-----FOR OFFICE USE ONLY-----

Bank Routing Code _____

Received in Cashiers _____ Entered on the System _____ Initials _____