

# Leland

285 W Genessee Street

P.O. Box 647

Leland, IL 60531

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## DIRECT DEBIT SIGN UP FORM

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Utility Account Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank Phone Number:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Checking or Savings (Circle One)**

**Sign Here:** \_\_\_\_\_

Authorized Signature On Account