## **AUTO DRAFT**

Note: If you choose this option, you will still receive your monthly bill with the amount due, but we will draw the amount from your checking account on the day your bill is due. Selecting this option will eliminate the expense of checks and postage, and the possibility of lost mail. If you would like to utilize this option, please fill out the form below and return to my office by mail or email. Don't forget to attach a voided check.

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"AUTO DRAFT" AUTHORIZATION F	OR UTILITY BILL DIRECT WITHDRAWAL PAY
UTILITY ACCOUNT #	
ACCOUNT NAME	Signature
SERVICE ADDRESS	
	Date
of Peru utility bill. I understand that I will receive on the due date. I further understand that if for any it will be treated as an insufficient funds check. I h	act withdrawal from my checking account for payment of my City a monthly statement showing the amount withdrawn each month reason my account does not contain funds to cover this payment have attached a check hereto marked "void" for my active account erstand that I may terminate this arrangement at any time either in
Return to	Office Use: Date/Initial
PO Box 299, Peru, IL 61354	
dbartley@peru.il.us	Date/Initial
Phone: 815-223-0061	