

Village of Roanoke, Illinois

Z-PAY AUTHORIZATION FORM
FOR DIRECT DEBIT FROM BANK ACCOUNT

YES, sign me up for Z-PAY!

Date _____

Customer Name _____

Address _____ City _____

State _____ Zip _____ Home Telephone _____

Work Telephone _____

Village of Roanoke Account # _____

I hereby authorize the Village of Roanoke to instruct my bank or the financial institution named in this application to make my Village of Roanoke utility bill payments from the account listed below. I understand that I am in full control of Z-PAY payments. I may discontinue enrollment at any time with written notice to the Village of Roanoke. Both the Village of Roanoke and the financial institution reserve the right to terminate this payment plan and/or my participation in it.

Bank or Financial Institution _____

Bank Account Number: _____

Bank Routing Number: _____

Checking Savings

Signature _____

Please complete this form and return with your next payment OR bring the completed form into our business office OR mail to:

Z-PAY/Village of Roanoke
101 N Main St
Roanoke IL 61561-7598