



ACH Water & Sewer Billing

Name:

Water & Sewer Account Number:

Address:

Bank:

Bank Account Number:

I, the undersigned, give my permission to the Village of Orion to withdraw the funds needed to pay my monthly water and sewer charges on the 5th day of each month. If the 5th falls on a day that the bank is not conducting business, the withdrawal will take place on the next business day.

Signature _____ Date _____

ERROR: undefined
OFFENDING COMMAND:

STACK: