



Jo DAVIESS COUNTY
Treasurer's Office
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DIRECT DEPOSIT FORM

This form will need to be completed to change any fund within the taxing district

TAXING DISTRICT: _____

MAILING ADDRESS: _____

BANK : _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

NAME OF INDIVIDUAL
MAKING REQUEST: _____

TITLE: _____

THIS REQUEST MUST BE COMPLETED FOR EACH INDIVIDUAL FUND AND ACCOUNT WITHIN THE DISTRICT THAT DISTRIBUTIONS ARE DIRECT DEPOSITED IN TO:

DATE: _____

SIGNATURE: _____

****Please mail, fax or e-mail this completed form to the above contact information****