



1 N. Prospect Avenue
Clarendon Hills, Illinois 60514
630.286.5416

AUTHORIZATION AGREEMENT FOR THE AUTOMATIC BILL PAYMENT PLAN

Please Print

Name (as it appears on Utility Bill) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Customer Account Number (on Utility Bill) _____

I hereby authorize the Village of Clarendon Hills and the Financial Institution designated, to begin deductions for Automatic Payment Plan payments. I understand my Automated Payment of the billing amount will be made each month on the bill's due date (the last business day of every month). **PLEASE NOTE: The Village has authorization to collect a charge of \$35.00 for any insufficient funds in said account, in accordance with Section 9.15 of the Village Code.**

Financial Institution _____

Account Number _____

Address of Financial Institution _____

City _____ State _____ Zip Code _____

New _____ *Bank Change _____

Checking _____ Savings _____

This authority shall remain in effect until the Village of Clarendon Hills has received written notification from me to terminate said agreement, or until the Village of Clarendon Hills has sent me written notification of termination of this agreement. Additionally, I have the right to stop payment of a charge by notifying the Village fifteen (15) business days prior to the due date on my bill.

Authorized Signature _____ Date _____

If you have any questions, please contact the Water Department at (630) 286-5416.

NOTE: DIRECT DEBIT OF YOUR ACCOUNT WILL BEGIN WITH YOUR NEXT MONTH'S WATER BILL.

*When changing banks, please allow two months for the change to be completed. In the interim, you will receive a manual bill.

PLEASE RETURN THIS FORM, ALONG WITH A VOIDED CHECK, TO THE VILLAGE HALL.

Rev. 07/17