



1 N. Prospect Avenue
Clarendon Hills, Illinois 60514
630.286.5416

AUTOMATIC WATER BILL PAYMENT ENROLLMENT AND AUTHORIZATION

Please Print

Name(s) (as appear(s) on water bill)

Water Bill Account Number

Service Address, City, State, Zip Code

Billing Address (if different than service address), City, State, Zip Code

Home / Cell Phone Number (circle one)

Email Address

Bank or Financial Institution's Name

Bank or Financial Institution's Address, City, State, Zip Code

Bank Routing Number

Bank Account Number

Applicant Please Read: I (we) hereby authorize the Village of Clarendon Hills (hereinafter called "Village") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to the bank account specified by me above solely for the payment of my Village water bill. Additionally, I (we) authorize the financial institution named above to accept debit and or/credit entries initiated by Wintrust Bank for payment of my Village water bill to same bank account. Also, I (we) authorize the financial institution named above to pay my bimonthly Village water bill by charging each payment to the bank account specified by me above. I understand this authorization is to remain in effect until the Village has received written notice of termination at least five (5) business days prior to the due date on my bill. PLEASE NOTE: In accordance with Schedule S9.15 of the Village Municipal Code, the Village is hereby authorized to levy and collect a charge of \$35.00 for a returned check or refused debit to a designated account.

I have read, understood, and agreed to the terms of the automatic payment plan.

Signature

Date

Return the completed form and a **voided or canceled check** to the Clarendon Hills Village Hall, Attn:
Water Billing or to WaterBilling@clarendonhills.us

For Office Use Only
NEW / CHANGE / CANCEL

Date Received _____ Date Processed _____ Initials _____

Notes _____