VILLAGE OF LA GRANGE-AUTHORIZATION AGREEMENT
DIRECT DEBIT PAYMENT PROGRAM
Water/Sewer Bills

Please complete the authorization agreement, attach an unsigned and voided check from the specified account to assist with the verification of data, sign the completed form and return to: Village of La Grange, 53 S. La Grange Road, P.O. Box 668, La Grange, IL 60525. If you have any questions, please contact the Water Billing Department at 579-2306.

I hereby authorize the Village of La Grange and the financial institution designated herein, to initiate automatic deductions by direct debit to my bank account indicated below, in payment of my water and sewer bill. I understand the ***automatic withdrawal of the amount billed will be debited (withdrawn) on the billing due date*** *as indicated on the bi-monthly bill received from the Village.*

I hereby agree to have such funds available on said due date as specified in this agreement. This authority will remain in effect until the Village of La Grange has received written notification at least 30 days prior to the date of termination of this agreement.

Please Type or Print All Information

Name on Bank Account _____

Financial Institution: _____

Branch Address: _____ City:_____

State: _____ Zip: _____ Bank Account Number _____

Bank Routing Number (ABA#) __ __ __ __ __ __ __ __ __

Please check one of the following: Checking Account _____ Savings Account _____

Name on Water Billing Account _____

Service Address: _____ Daytime Phone: _____

Water/Sewer Billing Account Number:_____

Authorized Signature(s) _____ Date_____
_____

PLEASE REMEMBER TO ATTACH A VOIDED CHECK TO THE AUTHORIZATION FORM