



ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480

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CONTACT@WILLOWSPRINGS-IL.GOV

**AUTHORIZATION AGREEMENT
DIRECT DEBIT PAYMENT PROGRAM
UTILITY BILLING SEWER/REFUSE**

Please remember to attach a voided check to this form.

I hereby authorize the Village of Willow Springs, and the Financial Institution designated herein to begin deductions for Direct Debit in payment of my utility bill. I understand my automatic withdrawal of the billing amount will be made every two months on the bill's due date, as indicated on the statement received from the Village of Willow Springs.

I hereby agree to have such funds available on said due date as specified in this agreement, if funds are not available in my account on the payment date, the pre-authorized debit will be returned by my Financial Institution. I understand that if this occurs it will be handled as if I had a check returned for non-sufficient funds. I will be assessed a 10% penalty on the amount due and incur the related \$35.00 returned check fee, as well as any charges issued by my Financial Institution.

This authority will remain in effect until the Village of Willow Springs has received written notification of termination at least 60 days prior to termination. I also agree to provide the Village of Willow Springs notification of any changes such as: a new bank or change in checking or savings account status at least 60 days prior to changes.

Financial Institution: _____

Bank Account Number: _____ **Routing Number :** _____

Checking Account: _____ **Saving Account:** _____

Name: _____

Service Address _____

Phone Number: _____

Billing Address _____

Village of Willow Springs Account Number _____

Signature: _____ **Date:** _____