

10 N. Water Street  
847-742-5780  
847-742-6908

**Village of South Elgin**  
**Administrative Services Department**

Hours of Operation  
Monday - Friday  
8:30 am - 5:00 pm

www.southelgin.com

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**AUTOMATIC UTILITY BILL PAYMENT PROGRAM**  
**AUTHORIZATION FORM**

The automated bill payment program is designed to allow you to automatically pay your utility bill (water, sewer, garbage) through your banking institution every month. Benefits of the program are: no checks, no stamps, no phone calls, no payment scheduling and no late fees.

This authorization form allows your bank to transfer the amount of your utility bill to the Village on the normal due date. You will still receive a copy of your utility bill as a statement, but it is for record keeping purposes only. This bill will include the amount that will be debited from your account.

**For automatic payment to begin, the Administrative Services Department must receive a copy of a voided check associated with the bank account listed in Section B.**

**SECTION A: General Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

**SECTION B: Bank Information**

I do hereby authorize the Village of South Elgin to initiate recurring debit entries to my account indicated below and the Bank named below, to debit the same to such account.

Bank Name: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**SECTION C: Terms and Conditions**

**Pre-Notice and Automatic Payment Participation:** Please continue to pay your utility bill until you see the words "Balance due will be bank drafted" printed on your bill.

**Record of Payment:** Your bank statement will indicate the amount and date of your automatic payment. Retain statements as proof of payment for future reference regarding your account. If a question arises regarding your payment or the amount differs from your bill, you must notify the Village and your bank within sixty (60) days of the date of the questioned statement. Your bank will advise you of rights concerning an error.

**Availability of Funds:** You are responsible for having sufficient money in the account you designated on the payment due date. You are responsible for any fees associated with non-sufficient funds. Automatic payment authorization may be cancelled if two payments are returned in a 12-month period.

**Payment Processing Date:** Funds will be taken from the designated account on a monthly basis by the due date listed on the statement you receive (typically between the 22<sup>nd</sup> and 27<sup>th</sup> of each month).

**Termination:** Your services will remain active and in effect unless the Village receives 30 days written notice in advance of the upcoming due date. Every effort will be made to honor your termination request.

**Account/Address Change:** Notify the Village of any account or billing address changes as soon as possible for uninterrupted billing and payment processing.

**SECTION D: Acknowledgement and Signature:**

This authority is to remain in full force and effect until the Village and bank has received written notification from me of its termination in such time and in such manner as to provide the Village and bank sufficient time to discontinue the program. Further, I have read and agree with all other terms and conditions associated with this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or deliver this form with a voided check to:  
Administrative Services Department  
Village of South Elgin  
10 N. Water Street  
South Elgin, IL 60177  
Email: vose-epay@southelgin.com

For Office Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_