



# City of West Chicago

## Application for Automatic Payment of Utility Bills

The City of West Chicago is pleased to offer utility customers the ability to pay bills automatically. No need to worry about late payment and penalties; it saves checks and time. Just complete the following application, include the necessary documentation and return it to City Hall.

### Please Print

\_\_\_\_\_  
Name as it appears on bill

\_\_\_\_\_  
Name of financial institution

\_\_\_\_\_  
Utility account number

\_\_\_\_\_  
Bank routing number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Checking\*                      or                      Savings\*\*

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Daytime telephone number

\*For checking, you must attach a voided check or photocopy of a check.

\*\*For savings, you must include a deposit slip.

### Please read and sign.

I authorize the City of West Chicago and the financial institution listed above to pay the utility bill on the scheduled due date of the bill. Each payment will be the same as if it were personally signed and authorized by me. As with a check, sufficient funds need to be available in my account at the time of transfer. If a draft is returned to the City unpaid, a \$25 administrative fee and any applicable penalties will be charged to the utility account. This authority is to remain in effect until the City of West Chicago has received written notification from me of termination a minimum of 30 days prior to a scheduled due date. The City of West Chicago reserves the right to terminate this payment plan or my participation with written notification.

I will provide a minimum of 30 days written notice to the City of West Chicago of any changes regarding the above account, i.e., change of financial institution, account number, etc.

Processing of this application will occur in the next billing cycle (usually four to six weeks). I am responsible for paying my utility bill to the City of West Chicago until my bill indicates that my direct debit payment program is established. My bill will note when the direct debit begins. I will continue to be mailed a bill for my records.

### I understand and agree to the terms of this letter and application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to:  
City of West Chicago, Administrative Services Department, 475 Main Street, West Chicago, IL 60185.  
For further information call: 630-293-2200.