



AUTOMATIC BANK PAYMENT AUTHORIZATION

FINANCIAL INSTITUTION NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

TYPE OF ACCOUNT (CIRCLE ONE)

SAVINGS

CHECKING

I (we) authorize the City of North Chicago and the financial institution listed above to transfer (debit) money from my (our) checking or savings account and remit payment for my (our) Water and Sewer and/or Garbage bill. This will take effect on your next billing. If you have a current bill please send in your payment. ***Please note that the entire amount of your bill will be paid. The amount will be transferred on the due date.***

I have read the terms of this application and agree to the terms. This authorization will remain in full force and effect until the City of North Chicago has received notification from me (or either of us) of termination in such time and in such manner as to allow the City and my financial institution a reasonable opportunity to act on it.

Signature for Authorization

Date

Signature for Authorization

Date

Customer Name (As Appears on Bill)

Service Address

Water Account Number

Daytime Phone Number

If you are using your checking account, please attach a copy or voided check.

**Mail To: City of North Chicago
Payment Center
1850 Lewis Avenue
North Chicago, IL 60064**

**OR
OR**

**Fax to: 847 596-8639
E-Mail: wswopes@northchicago.org**