# AUTOMATIC BANK PAYMENT AUTHORIZATION

FINANCIAL INSTITUTION NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

TYPE OF ACCOUNT (Check 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 for the 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 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 Fax to: 847 596-8639
OR E-Mail: shyowe@northchicago.org