

*Village of Willow Springs
One Village Circle
Willow Springs, IL 60480
Phone (708) 467-3700*

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

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 relating \$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.

Please type or print all information

Financial Institution: _____

Bank Account Number _____ **Routing Number** _____

Checking Account _____ **Savings Account** _____

Resident Name _____

Service Address _____

Phone Number _____ **Cell Number** _____

Billing Address _____

Village of Willow Springs Account Number _____

Authorized Signature _____ **Date:** _____

Please remember to attach a voided check to this form. All information must be completed in order to process your request.