



1 N. Prospect Avenue  
Clarendon Hills, Illinois 60514  
630.286.5416

**AUTHORIZATION AGREEMENT FOR THE  
AUTOMATIC BILL PAYMENT PLAN**  
**kcesarini@clarendonhills.us**

Name (as it appears on Utility Bill) \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Customer Account Number (on Utility Bill) \_\_\_\_\_

I hereby authorize the Village of Clarendon Hills and the Financial Institution designated, to begin deductions for Automatic Payment Plan payments. I understand my Automated Payment of the billing amount will be made each month on the bill's due date (the last business day of every month). **PLEASE NOTE: The Village has authorization to collect a charge of \$35.00 for any insufficient funds in said account, in accordance with Section 9.15 of the Village Code.**

Financial Institution \_\_\_\_\_

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

Address of Financial Institution \_\_\_\_\_

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

Checking \_\_\_\_\_

This authority shall remain in effect until the Village of Clarendon Hills has received written notification from me to terminate said agreement, or until the Village of Clarendon Hills has sent me written notification of termination of this agreement. Additionally, I have the right to stop payment of a charge by notifying the Village fifteen (15) business days prior to the due date on my bill.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact the Utility Billing Department at 630.286.5416.

**NOTE: DIRECT DEBIT OF YOUR ACCOUNT WILL BEGIN WITH YOUR NEXT MONTH'S WATER BILL.**

\*When changing banks, please call the Utility Billing Department at 630.286.5416\*

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