

VILLAGE OF
FRANKFORT
EST • 1855

AUTOMATIC PAYMENT AUTHORIZATION FORM FOR UTILITY BILLS

Thank you for your interest in automatic payments for your utility bill. Please complete the form below and return to the water department. It may take several billing cycles for this to become effective. When you see “**AUTO BILL PAYMENT**” appear on your bill, you no longer need to make a physical payment. Once the automatic payment authorization goes through, you will continue to receive your water/sewer bill in the mail. The balance on your utility bill will be automatically debited from your checking or savings account.

Please print and complete the form and return to the Village of Frankfort along with a copy of a voided or canceled check. The form can be mailed to 432 W. Nebraska St., Frankfort, IL 60423, Attn: Utilities Dept. or emailed to rmorgan@frankfortil.org. Please remember to include a **VOIDED OR CANCELED CHECK** with your form.

BANK NAME _____ BANK ADDRESS _____
CITY _____ STATE _____ ZIP _____ BANK PHONE NUMBER _____
TRANSIT / ABA ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____
CHECK ONE: SAVINGS ACCOUNT _____ CHECKING ACCOUNT _____
WATER ACCOUNT NUMBER _____ RESIDENT PHONE NUMBER _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC WATER/SEWER PAYMENTS (ACH DEBITS)

COMPANY NAME: VILLAGE OF FRANKFORT
I (we) hereby authorize the Village of Frankfort, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account for the full balance on my water/sewer account. I (we) acknowledge and agree that the Village of Frankfort shall not be liable for any damages, including consequential damages arising from a wrongful withdrawal.

This authority is to remain in full force and effect until COMPANY has received written notification from any authorized signer of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (Please print) _____
SIGNATURE(S) _____
DATE _____ SERVICE ADDRESS _____

For Office Use Only
NEW / CHANGE / CANCEL
Date Received _____ Date Processed _____
Comments _____ Initial _____