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Direct Debit Authorization

Customers who register for Direct Debit may have funds automatically withdrawn from either their checking or savings account for utility bill payment.

- Customers receive a utility bill every two months showing water usage, stormwater utility fee, due date, and the amount to be debited from their checking/savings account.
- Payment will be deducted from the account on the billing due date.
Customers are responsible for ensuring that sufficient funds are available in their account for withdrawal.
- If the Village is unable to direct debit your account for any reason, you will be assessed an administrative fee, in addition to any late fees or penalties incurred by the Village.
- Once your application is processed, Direct Debit will be activated on your account, starting with the next billing cycle.

To enroll, complete the form below and attach a voided check or savings deposit slip and mail to: Village of Downers Grove, 801 Burlington Ave., Downers Grove, IL 60515. **ATTENTION: Utility Billing**

Questions about Direct Debit? Call (630) 434-5510 or email water@downers.us

AUTHORIZATION FOR PRE-AUTHORIZED FIXED WITHDRAWALS (ACH DEBIT)

I hereby authorize the Village of Downers Grove to make withdrawals from the account identified below and authorize my banking institution to change such withdrawals to my listed account.

Such withdrawals shall be payable on a bi-monthly cycle equal to normal billing dates. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Village. **Please print clearly.**

Name of Banking Institution _____ Bank routing # (ABA#) _____

Account No. to Debit _____ Type of Account: Checking Savings

Name of Authorizing Party _____

Address _____ City _____ State _____ Zip _____

Daytime Phone: _____

Utility Account Number: _____

Signature of Authorizing Party: _____ Date: _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION.