



447 N Catherine Avenue, La Grange Park, IL 60526
 (708) 354-0225 FAX (708) 354-0241

Direct Debit (ACH Recurring Payment) Authorization Form

Payment for your Utility Account will be automatically deducted from your checking or savings account on the due date. Complete and sign this form, attach a voided check (required for checking accounts) and return it to the Village of La Grange Park. Please allow at least 30 days for this service to begin.

I enter utility account holder name hereby authorize the Village of La Grange Park and the financial institution designated below to initiate electronic transactions (ACH) to the account indicated below. I understand deductions of the billing amount will be made each time my bill is due on the due date.

Service Address _____ Account# _____ - ____

Phone # _____ or Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Utility Account Holder Signature _____ DATE _____

Bank Account Holder Signature _____ DATE _____
 (if different from utility account holder)

I understand that this authorization will remain in effect until such a time that the Village of La Grange Park is notified, in writing, to terminate this service. The Village of La Grange Park retains the authority to cancel this service for any account for any reason. I understand that this is an electronic transaction and funds will be withdrawn from my account for on time payment. In the case of an electronic transaction being rejected for any reason I understand that the Village of La Grange Park will charge a returned payment fee, as required by ordinance. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Office Use Only: £ received date: _____ £ approved/entered date: _____ by: _____

£ service terminated date: _____ reason for termination: _____