

**Village of Lakewood**  
**2500 Lake Avenue, Village of Lakewood 60014**  
**Utility Billing Automatic Payment Program**

**Enrollment**

The completed enrollment form must be received prior to the 1<sup>st</sup> day of the desired billing month. A voided copy of your check must be attached to the enrollment form. DEPOSIT SLIPS WILL NOT BE ACCEPTED. Investment and money market accounts are not eligible for this program.

**Payment Date**

Please note that you will still receive a bi-monthly bill. It will state on the bill "Auto Draft - Do Not Pay". Your account will be automatically debited on the due date. If this date falls on a weekend or holiday, your account will be debited on the next business day.

**Availability of Funds**

You are responsible for having enough funds in the account you designated on your payment date.

**Termination**

Your "Auto Pay" service will remain in effect unless we receive written notice from you prior to the 1<sup>st</sup> day of the desired billing month. Once the bills have been created, the auto pay program can NOT be retracted.

**Record of Payment**

Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your bill. If a question arises regarding your transfer, or the amount differs from your bill, you must notify the Village of Lakewood billing department and your financial institution within sixty days of the date of the questioned statement. Your financial institution will advise you of your rights concerning an error.

Please notify the Village of Lakewood of any bank or address changes. If you have any questions concerning this program, contact the Utility Billing Department at 815/459-3025.

**VILLAGE OF LAKEWOOD**  
**2500 Lake Avenue, Village of Lakewood 60014**

AUTHORIZATION AGREEMENT  
DIRECT UTILITY BILLING PAYMENTS (ACH DEBITS)

I hereby authorize the Village of Lakewood, hereinafter called "VILLAGE", to debit entries to my account indicated below and the "FINANCIAL INSTITUTION" below, to debit the same to such account.

\_\_\_\_\_  
(FINANCIAL INSTITUTION NAME)

\_\_\_\_\_ Checking \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Bank Transit Routing (ABA) No. \_\_\_\_\_

**INVESTMENT/MONEY MARKET ACCOUNTS CAN NOT BE ACCEPTED**

This authorization is to remain in full force and effect until VILLAGE has received written notification from me of its termination in such time and manner as to afford VILLAGE and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Authorized Signature)

\_\_\_\_\_  
(Street Address) \_\_\_\_\_ (Daytime Phone number)

\_\_\_\_\_  
(Location ID Number) \_\_\_\_\_ (Date)

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM:  
(ATTACH VOIDED CHECK HERE)

