

AUTOMATIC BILL PAYMENT PLAN AUTHORIZATION CERTIFICATE

I authorize the District to pay my sanitary sewer user charge bill by charging each payment to my checking account. I agree that each payment shall be the same as if it were an instrument personally signed and authorized by me. I understand that each payment shall be electronically charged to my checking account three business days or less before the due date of the bill. This authority is to remain in effect until revoked by me in writing.

I understand that my enrollment in this plan will be confirmed when I first receive a bill with the words "AUTOMATIC PYMT DO NOT PAY" printed next to the amount due. I agree to notify the District before moving to arrange for final billing and to advise the District if I will be changing or closing the bank account utilized under this Payment Plan.

I may stop payment of a charge by notifying the District a minimum of seven business days prior to the due date on my bill. I understand that the District and the named financial institution reserve the right to terminate this payment plan or my participation at any time at their discretion. I agree to release the Downers Grove Sanitary District from any and all damages resulting from or in connection with my participation in this Automatic Bill Payment Plan.

ATTACH VOIDED OR CANCELLED CHECK

Signature

Bank Name

Sanitary District Account Number

Bank Routing Number

Checking Account Number

Daytime Telephone Number(s)