

EasyPay Authorization & Information

I authorize the District to deduct my sanitary sewer user bill by electronically deducting each payment from 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 deducted from 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 "EasyPay DO NOT PAY." I agree to notify the District before moving to arrange for final billing and/or if I will be changing or closing the bank account being used.

I may stop payment of a charge or update my account information by notifying the District a minimum of **ten** 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 electronic deduction 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 the EasyPay Program.

**If changing your existing information with the District, indicate effective date: ____/____/____.*

TO BEST SERVE YOU, PLEASE ATTACH VOIDED OR CANCELLED CHECK

Name(s) on Sewer Bill

Sanitary District Account Number

Bank Name

Name(s) on Checking Account

Bank Routing Number

Checking Account Number

Daytime Telephone Number

Email Address

Signature

Date

Return completed form to: Downers Grove Sanitary District
2710 Curtiss Street, P.O. Box 1412, Downers Grove, IL 60515