

FINANCIAL INFORMATION:

Name of Financial Institution: _____
City: _____ State: _____
Routing Number: _____
Bank Account Number: _____
Account Type (Select One): Checking Savings

WATER ACCOUNT INFORMATION AND AUTHORIZATION:

Customer Name (as it appears on the bill) Please print or type.

Billing Address

**Water Bill Account
Number(s):** _____

Day and Evening Telephone Number

E-mail Address

I (we) authorize the City of Waukegan and the financial institution listed above to transfer (debit) money from my (our) checking or savings account and remit payment to the City of Waukegan for my (our) water bill.

I (we) further understand that it is my (our) sole responsibility to maintain sufficient available funds in my (our) account to provide for payment to the City of Waukegan on the due date. In the event that there are insufficient funds in the account and my financial institution denies payment to the City, I understand that the City will add a \$35.00 service fee to my water billing account. I am authorized to transact business on the above named account.

I have read and agree to the terms of this application. This authorization will remain in full force and effect until the City of Waukegan has received written notification from me (us) of its termination in such manner as to allow the City and my (our) financial institution a reasonable opportunity to act on it.

Signature for Authorization

Date

• Before signing, please ensure accuracy.

Completed form can be returned by:

- 1.) E-mail completed form to waterdeptemail@waukeganil.gov or by mail or in person at:
- 2.) City of Waukegan - Water Billing Department, 100 N. Martin Luther King Jr. Ave., Waukegan, IL 60085.

GO PAPERLESS! RECEIVE YOUR BILL ELECTRONICALLY, SIGN UP TODAY! www.waukeganil.gov



Please direct any questions to our office at 847-360-0535.

Rev. 04/2017