

**VILLAGE OF LA GRANGE – AUTHORIZATION AGREEMENT  
DIRECT DEBIT (DRAFT) PAYMENT PROGRAM  
WATER/SEWER BILLS**

Please complete the authorization agreement, attach an unsigned, voided check from the specified account to assist with the verification of data, sign the completed form and return it to: Village of La Grange, 53 S. La Grange Rd., P.O. Box 668, La Grange, IL 60525, or you can fax this form and the voided check directly to the attention of Water Billing/Finance Department at (708) 579-0980. Another option is to scan the completed form and your voided check and attach the document to an email and send it to Sandy, in the Water Billing/Finance Department via email, to: [sshalaby@villageoflagrange.com](mailto:sshalaby@villageoflagrange.com).

If you have any questions, please contact the Water Billing/Finance Department at (708) 579-2301.

*I/we hereby authorize the Village of La Grange and the financial institution designated herein, to initiate automatic deductions by direct debit (draft) to my bank account indicated below, in payment of my water and if applicable, sewer, fire line bill. I understand the **automatic withdrawal of the amount billed will be debited (withdrawn) on approximately the billing due date** as indicated on the bill received from the Village.*

*I hereby agree to have such funds available on said due date as specified in this agreement. This authority will remain in effect until the Village of La Grange has received written notification at least 30 days prior to the date of termination of this agreement. Note – it may take one billing period, after receipt of instructions for the automatic withdrawal to take effect.*

PLEASE TYPE OR PRINT ALL INFORMATION

Name on Bank Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank Routing Number (ABA#) \_\_\_\_\_

Please check one of the following: Checking \_\_\_\_\_ Savings \_\_\_\_\_

LG Water/Sewer (if applicable) Account Number: \_\_\_\_\_

Name on Water Billing Account: \_\_\_\_\_

Service Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE REMEMBER TO ATTACH A VOIDED CHECK TO THIS FORM**