

To: Wheaton Sanitary District
P. O. Box 626
Wheaton, IL 60189-0626
630.668.1515

Account No.
Service Address:

AUTHORIZATION AGREEMENT
PRE-AUTHORIZED PAYMENTS

I hereby authorize the Wheaton Sanitary District, hereinafter called the "District" to initiate debits to my account at:

(Insert name of financial institution)

and authorize the institution to charge such debits to my account.

Such debits shall be equal to the sewer user charges billed every month is agreed that the debits will be made electronically under the rules of the National Automated Clearing House Association (NACHA). I understand that if this transaction is returned by my financial institution because of non-sufficient funds or the account has been closed, that appropriate returned check charges as specified on the back of the statement, will be charged to my account.

This authorization is to remain in full force and effect until written notification is given to the District of my intent to cancel this Agreement. I understand this cancellation must be received at least fifteen (15) days prior to my next regularly scheduled billing date to afford the District and my financial institution a reasonable opportunity to act on my cancellation.

I understand that both the Wheaton Sanitary District and the financial institution named above reserve the right to terminate this payment plan or my participation therein at any time at their discretion.

E-Mail Address _____ (Optional)

Signature _____

Date _____

This authorization must be received by 00/00/00 in order for your next scheduled billing on 00/00/00 to be paid using the Automatic Bank Debit.

**PLEASE ATTACHED A VOIDED CHECK TO THIS AUTHORIZATION –
MUST HAVE BANK ACCOUNT NUMBER AND BANK ROUTING NUMBER**
