

To: Wheaton Sanitary District  
1S649 Shaffner Rd  
Wheaton, IL 60189-3348  
630.668.1515

WSD Account Number: \_\_\_\_\_

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:

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**(Insert name of financial institution)**

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

Such debits shall be equal to the current sewer user charges account balance. 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 for any reason, that appropriate returned check charges as specified on the back of the billing statement, will be charged to my account.

I understand and acknowledge that Auto Pay enrollment may take 1-2 billing cycles and that any cancellation or changes must be received at least thirty (30) days prior to my next regularly scheduled billing date to afford the District and my financial institution a reasonable opportunity to act.

This authorization is to remain in full force and effect until notification is given by the Account Holder to the District of intent to cancel this Agreement.

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.

**MUST INCLUDE BANK ACCOUNT NUMBER AND BANK ROUTING NUMBER**

**(Please Print)**

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

Bank Routing Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_