

FINANCIAL INFORMATION

Name of Financial Institution: _____

City: _____ State: _____

Routing Number: _____

Bank Account Number: _____

Account Type (Select One): Checking Savings

(Attach a voided check for your checking account with this form.)

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 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.

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.

Signature for Authorization

Date

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

Completed form can be returned by:

- 1.) E-mail with voided check copy 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

