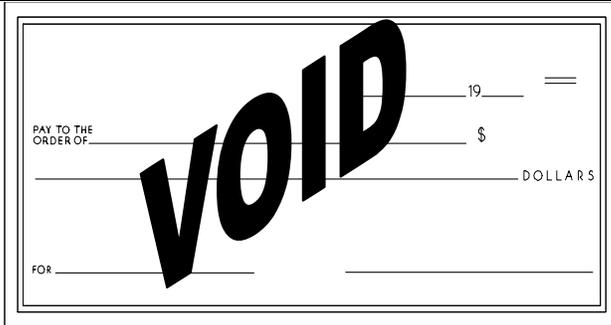


SUGAR GROVE UTILITY BILL DIRECT PAYMENT AUTHORIZATION FORM

1. Complete the information requested
2. Write "VOID" across one of your checks and attach it to this form.
3. Return both the authorization form and your voided check to:
The Village of Sugar Grove, 10 S. Municipal Drive, Sugar Grove, IL 60554.

Customer Name	
Utility Bill Account Number	
Service Address	
Mailing Address (if different)	
Daytime Phone Number	
E-Mail Address	
Financial Institution Name	
Bank Transit Routing Number	
Financial Institution Address	
Financial Institution Phone #	
Checking Account Number	



123456789 123456789 1234

Routing # Account# Check#

I authorize The Village of Sugar Grove to deduct automatically the amount of my monthly utility bill from the bank account listed on my check. I understand my automatic payments will be deducted from my account **on the due date of each bill**. In addition, I shall immediately notify the Village when closing my bank account. I understand that all fees associated with non-sufficient funds or closed accounts shall apply. This authorization is to remain in effect until the Village of Sugar Grove receives notice of termination from me. The Village reserves the right to cancel this agreement with due notification to the water customer.

Authorized Signature: _____

Date _____

- New Direct Debit Customer
 Bank Change notification – (existing direct debit customer)