



Village of Arlington Heights  
WATER BILL PAYMENT PLAN  
AUTHORIZATION FORM

I would like to enroll in the Auto Bill Pay (Automatic water bill payment from bank, savings and loan, or credit union checking account designated by you).

PLEASE PRINT

ALL INFORMATION MUST BE COMPLETED

Name: Last First M.I.

Street Address

City State Zip

Phone Customer Account Number (on utility bill if known)

PLEASE COMPLETE INFORMATION BELOW  
AND ATTACH VOIDED CHECK BEARING YOUR ACCOUNT NO.

Please check appropriate box:  CHECKING  SAVINGS

Name of bank, savings and loan, or credit union (and branch if applicable) you wish to pay your bi-monthly bill

City & State

Your Account Number

Bank Routing Number (between these symbols   on the bottom of your check)

I hereby request and authorize the financial institution named above to pay my bi-monthly Utility Bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were an instrument personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by notifying the village three days prior to the due date on my bill. I understand that both the village and the financial institution named above reserve the right to terminate this payment plan or my participation therein.

I have read and agree to the terms of the automatic bill payment plan.

Signature

Date

Please contact the Utility Billing Department at 847-368-5520 if you have any questions. This form and a canceled check should be mailed to: Village of Arlington Heights, Finance Department, Utility Billing Bank Draft, 33 S. Arlington Heights Road, Arlington Heights, IL 60005-1499