OPTIONAL AUTOMATIC BILL PAYMENT

Dear Customer:

The City of St. Charles is pleased to offer Automatic Bill Payment to our utility customers. No more writing checks. No more mailing payments.

If you choose to enroll for automatic payment, you will continue to receive a monthly utility bill. The bill will provide the amount that will automatically be withdrawn. The automatic withdrawal will occur on the due date shown on your bill.

If you have any questions about the amount of your utility bill, contact the City of St. Charles Utility Billing and Collection office at least five (5) business days before the scheduled date of withdrawal. The amount that appears on the bill will be withdrawn from your bank account on the scheduled day unless you receive notification of a correction.

Your bank will continue to send you a monthly statement that will show the automatic withdrawal that paid your City utility bill. If for any reason the City receives notification of an invalid automatic withdrawal, it will be treated the same as a check returned unpaid by a bank. A disconnect notice will be issued, and the amount of the invalid withdrawal plus a \$10.00 fee will need to be paid by cash or money order.

If you wish to have your utility bills paid automatically, please complete and return the enclosed enrollment form to the City of St. Charles Utility Billing office. Also, return a voided check or a pre-printed deposit slip with the enrollment form.

Please note: If you receive any notification of a merger involving your bank, notify the City of the bank's new routing number so we can update your files and keep the system working efficiently.

If you have any questions or concerns, please call **630/377-4426** between 8:00 a.m. and 5:00 p.m. Monday through Friday.

Sincerely,
City of St. Charles
Utility Billing and Collection

CITY OF ST. CHARLES

Enrollment Form

for Automatic Utility Bill Payment *Available to residential customers only*

Please Print

Name or Names (as appears on utility bill)	Utility Bill A	Utility Bill Account Number Billing Address (if different than service address)			
Service Address	Billing Add				
City, State, Zip	Home Phone	e Number	Daytime	Phone Number	
Bank or Financial Institution's Name					
Bank or Financial Institution's Address	City	State	Zip	_	
Bank Account Number (indicate to which it below	ongs)	Checking	g	Savings	
Bank Routing Number					
Auto Bill Pay Applicant Please Read: I (we) her "City") to initiate debit entries and to initiate, if rentries made in error to the checking (savings) at City utility bills. Additionally, I (we) authorize to or/credit entries initiated by Harris Bank for pay account. Also, I (we) authorize the financial insticharging each payment to the checking (savings) payment shall be the same as if it were an instrui In addition, I understand this authority is to remay written notice of termination at least five (5) day the City and the financial institution named above participation therein. I have read, understood and agreed to the terms of	necessary, credit eccount specified be the financial institution named about account specified ment personally significant personally signin in full force and specified are reserve the right	entries and adjoy me above so attility bills to sove to pay my d by me above gned and auth dd effect until to date on my bill t to terminate	ustments for the blely for the bove to access the check monthly Co. I agree the corized by I the City hall. I underst	or any debit e payment of my cept debit and ing (savings) city utility bill by hat each me in writing. s received stand that both	
				-	
Signature(s)	Date -				

Please enclose a voided check or pre-printed deposit slip