

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 Account Number

Service Address _____
Billing Address (if different than service address)

City, State, Zip _____ _____
Home Phone 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 belongs) _____ _____
Checking Savings

Bank Routing Number

Auto Bill Pay Applicant Please Read: I (we) hereby authorize the city of St. Charles (hereinafter called "City") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to the checking (savings) account specified by me above solely for the payment of my City utility bills. Additionally, I (we) authorize the financial institution named above to accept debit and or/credit entries initiated by Harris Bank for payment of my City utility bills to same checking (savings) account. Also, I (we) authorize the financial institution named above to pay my monthly City utility bill by charging each payment to the checking (savings) account specified by me above. I agree that each payment shall be the same as if it were an instrument personally signed and authorized by me in writing. In addition, I understand this authority is to remain in full force and effect until the City has received written notice of termination at least five (5) days prior to the due date on my bill. I understand that both the City and the financial institution named above reserve the right to terminate this payment plan or my participation therein.

I have read, understood and agreed to the terms of the automatic payment plan.

Date

Signature(s)

Please enclose a pre-printed voided check