

CASEYVILLE WATER DEPARTMENT
909 S. MAIN STREET
CASEYVILLE, IL 62232

Auto-Pay Application Form

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip Code: _____

DAYTIME PHONE: _____ HOME PHONE: _____

UTILITY ACCOUNT NUMBER (S): _____

**** A VOIDED CHECK MUST BE ATTACHED IN ORDER TO PROCESS THIS APPLICATION ****

AGREEMENT AND DISCLOSURE STATEMENT:

1. Record of Payment

You will continue to receive a utility bill indicating the amount to be debited to your bank account. The following utility bill will show your automatic payment. Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment. If a question arises regarding your transfer or if the amount differs from your bill, you must notify the Caseyville Water Department and your financial institution within sixty days.

2. Payment Date

The predetermined amount will be transferred from your checking/savings account on a predetermined date each month. If that date falls on a weekend or holiday, your account will be debited on the next business day. You are responsible for any fees charged by your bank that is associated with non-sufficient funds. In addition, the Caseyville Water Department charges a \$30.00 fee for NSF's. Auto-Pay may be cancelled if two payments are returned within a 12-month period.

3. Termination

Automatic debit service will remain in effect unless the Caseyville Water Department receives written notice from you 30 days prior to the cancellation date or until your service is terminated with the Caseyville Water Department. Payments for final bills cannot automatically be debited from your account.

4. Account/Address Change

Please notify the Caseyville Water Department of any account or address changes as soon as possible.

Application Date: _____ Authorized Signature: _____