AUTOMATIC BILL PAYMENT APPLICATION

Automatic Bill Payment Program

Automatic bill payment is a free service of the North Shore Sanitary District, which lets you pay your invoice directly through your checking or savings account. This program deducts the invoice amount on the due date. You will never miss a due date or worry about a check getting lost in the mail. You may cancel the plan or switch to another checking or savings account any time just by notifying us.

- You can specify your checking or savings account at any bank or credit union that offers automatic payment. Most financial institutions do, but you might call yours to confirm.
- You will receive an invoice just as you do now with the exception of the following message "**THIS IS A COPY OF YOUR CURRENT BILL. THE AMOUNT DUE WILL BE DEDUCTED FROM YOUR BANK ACCOUNT ON THE DUE DATE**." This will give you ample time to make sure you have adequate funds. The payment will appear on your next checking or savings account statement.
- If you do not have sufficient funds in your account on the date the invoice amount is deducted it would be as if you had written a check with insufficient funds; you may incur fees from your financial institution and us.
- If you disagree with your bill, please call our Billing Department at least five days before the bill is due.

If you have other questions, please call our Billing Department at 623-6060 Monday through Friday, 8 A.M. to 4:30 P.M. or write to the North Shore Sanitary District, P.O. Box 750 ,Gurnee IL 60031.

Sign up for Automatic Bill Payment!

Complete this form, tear along dotted line, enclose it with a voided check **(not a checking account deposit slip)** or a savings deposit slip from the account you want to debit and return it to us. Note: Some financial institutions charge a modest fee for automatic payments; please check with your institution.

I authorize the North Shore Sanitary District to instruct the financial institution listed below to automatically deduct from my account on each due date the invoiced amount of my wastewater treatment bill. This authority will remain in effect until I notify the North Shore Sanitary District (5 days in advance) to cancel the automatic payments or until the North Shore Sanitary District issues to me a written notice of cancellation of this agreement.

Customer Information (please print in black ink)

Name _____ ( ) Daytime Phone _____

Service Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Required Financial Institution Information

Name of Institution _____ ( ) Phone Number _____

Account Number (please enclose a voided check or savings deposit slip) _____

☐ Checking ☐ Savings
Account Type (select one)

North Shore Sanitary District Account Number

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