



VILLAGE OF LINCOLNWOOD

DIRECT DEBIT FOR WATER BILL PAYMENT, PLEASE COMPLETE FORM AND RETURN TO THE FINANCE DEPARTMENT - WATER BILLING WITH A VOIDED CHECK ATTACHED.

Authorization Agreement for Preauthorization Withdrawals for my Water Bill

I hereby authorize the Village of Lincolnwood to begin processing of withdrawal for payment of my water bill on the 25th day of the month in which my bill is issued or the next business day if the due date is on the weekend or holiday. Each payment shall be the same as if it were personally signed and authorized by me.

If sufficient funds are not in my account, a twenty-five dollar (\$25.00) NSF fee will be applied to my account. The Village of Lincolnwood and I reserve the right to terminate participation on this plan with 30 days written notification.

Authorized by: _____ Date: _____

Name of Financial Institution	
Financial Institution Routing Number	
Bank Account Number	Type of account (please circle) Checking or Savings
Your Name:	
Address:	City State Zip
Your Signature	

Water Account Number _____

Home Phone _____ Daytime Phone _____

Return this form and attached voided check to the Village of Lincolnwood at 6900 N. Lincoln Avenue, Lincolnwood, IL 60712, Attention: Finance Department - Water Billing. For questions, please call 847-673-1540.

Please note: Any request for changes, including bank accounts, changing banks or cancellation of service may take up to 30 days to become effective.