

DEAR WATER/SEWER CUSTOMER:

THE CITY OF LASALLE IS OFFERING YOU THE OPPORTUNITY TO PAY YOUR MONTHLY WATER/SEWER BILL THROUGH OUR NEW AUTOMATIC BILL PAYMENT SERVICE. BY SENDING IN THE COMPLETED ENROLLMENT FORM BELOW, YOUR MONTHLY BILL WILL BE AUTOMATICALLY DEDUCTED FROM YOUR SPECIFIED CHECKING OR SAVINGS ACCOUNT ON THE BILL DUE DATE. YOU ARE TO CONTINUE TO PAY YOUR BILL AS YOU NORMALLY WOULD UNTIL YOUR WATER/SEWER BILL INDICATES THAT YOU HAVE BEEN SIGNED UP FOR THE SERVICE---THEN STOP SENDING PAYMENTS.

THIS PROGRAM IS OFFERED TO YOU AT NO CHARGE BY THE CITY. MOST FINANCIAL INSTITUTIONS DO NOT CHARGE FOR THIS SERVICE. PLEASE CONTACT YOURS IF YOU ARE UNSURE. YOU WILL RECEIVE A MONTHLY BILL TO UPDATE YOUR CHECKING/SAVINGS ACCOUNT. IF YOU NEED A NEW ENROLLMENT FORM OR DECIDE TO CANCEL, SIMPLY CALL (815) 223-4579 OR WRITE TO THE CITY OF LASALLE-COMPTROLLER'S OFFICE.

IF YOU HAVE ANY QUESTIONS ON THIS PROGRAM, PLEASE CALL (815) 223-4579 MONDAY – FRIDAY BETWEEN 8:00 A.M. – 4:30P.M.

CITY OF LASALLE

WATER AND SEWER BILL AUTOMATIC PAYMENT ENROLLMENT FORM

PLEASE PRINT THE FOLLOWING INFORMATION

(THIS 10 DIGIT NUMBER IS LOCATED ON THE
BOTTOM LEFT CORNER OF YOUR WATER &
SEWER BILL)

NAME: _____ WATER ACCT. # _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if
different): _____ CITY/STATE _____ ZIP _____

DAYTIME PHONE #: _____ NAME OF FINANCIAL INSTITUTION: _____

ABA/ROUTING # (9 digits located on the lower left of your check): _____

SELECT EITHER YOUR CHECKING OR SAVINGS ACCOUNT AND FILL IN THE ACCOUNT #:

CHECKING ACCOUNT #: _____

OR

SAVINGS ACCOUNT #: _____

I HEREBY AUTHORIZE THE CITY OF LASALLE TO DEDUCT MY WATER/SEWER PAYMENT FROM THE CHECKING OR SAVINGS ACCOUNT LISTED ABOVE.

SIGNATURE: _____ DATE: _____

PLEASE MAIL THIS COMPLETED FORM TO: THE CITY OF LASALLE, 745 SECOND STREET, LASALLE, ILLINOIS 61301 OR DROP IT IN THE NIGHT DEPOSIT BOX OR IN PERSON DURING REGULAR BUSINESS HOURS.

****PLEASE ATTACH A VOIDED CHECK****