

VILLAGE OF BARRINGTON UTILITY BILLING DIRECT DEBIT PAYMENT PROGRAM

Enrollment

The completed enrollment form must be received prior to the 1st day of the desired billing month. A voided check must be attached to the enrollment form. DEPOSIT SLIPS WILL NOT BE ACCEPTED. Investment and money market accounts are not eligible for this program.

Billing

You will still receive a bill in your regular cycle. YOU SHOULD CONTINUE TO PAY YOUR BILL BY CHECK UNTIL YOU RECEIVE A BILL THAT STATES AUTO PAY IN THE TOTAL DUE SECTION ON THE TOP PORTION OF YOUR BILL.

Payment Date

The predetermined amount will be transferred from your bank account on the due date.

Availability of Funds

You are responsible for having enough funds in the account you designated on your payment date. As with checks returned, there is a service fee on all returned automatic payments.

Termination

Your "AUTO PAY" service will remain in effect unless we receive WRITTEN notice from you prior to the billing process. Bills are processed by the 10th of each month. Once the bills have been created, the auto pay program CANNOT be retracted.

Record of Payment

Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your bill. If a question arises regarding your transfer or if the amount differs from your bill, you must notify the Village of Barrington billing department and your financial institution within sixty days of the date of the questioned statement. Your financial institution will advise you of your rights concerning an error.

Please notify the Village of Barrington of any bank account or address changes. If you have any questions concerning this program, please contact the Billing Department at (847) 304-3430.

VILLAGE OF BARRINGTON

**AUTHORIZATION AGREEMENT
DIRECT UTILITY BILLING PAYMENTS (ACH DEBITS)**

I hereby authorize the Village of Barrington, hereinafter called "VILLAGE", to debit entries to my account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION", to debit the same to such account.

(Financial Institution Name)

Type of Account: _____ Checking _____ Savings

INVESTMENT/ MONEY MARKET ACCOUNTS CANNOT BE ACCEPTED

This authorization is to remain in full force and effect until VILLAGE has received written notification from me of its termination in such time and manner as to afford VILLAGE and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Printed Name)

(Signature)

(Street Address)

(Date)

(Water Billing Account Number)

(Phone Number)

(E-Mail)

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM:

(ATTACH VOIDED CHECK HERE)

Please note that you will still receive a monthly bill. It will state on the bill that it is AUTO PAY. Your account will be auto debited on the due date indicated on the bill.