CITY OF STREATOR
AUTOMATIC SEWER/GARBAGE BILLING PROGRAM

The City of Streator's Automatic Sewer/Garbage Bill Payment program makes paying utility bills easy and convenient. All City sewer/garbage customers can be part of this program that eliminates having to write checks, mail in bill stubs, or worry about payment getting in on time. The program allows sewer/garbage customers payments to be made automatically by electronic transfer from a checking account directly to the City by the due date. The checking account can be with any financial institution in the United States.

To enroll in the Automatic Sewer/Garbage Bill Payment program, simply complete the required information below, attach a voided check, and return to the city of Streator Finance Department. For more information, please contact our office at 204 South Bloomington Street, Streator, IL 61364, (815) 672-2517.

PLEASE <u>TYPE OR PRINT</u> CLEARLY ALL INFORMATION

_____ (___)_____

Sewer/Garbage Account Number (as it appears on bill) Home Phone Number

_____

Last Name First Name Initial

_____

Complete Address

ATTACH
VOIDED
CHECK
HERE

I hereby authorize the City of Streator to electronically transfer funds monthly from my bank account for my sewer/garbage bill account for the total amount due. I agree to maintain sufficient clear funds in my deposit accounts to cover these electronic transfers. In the event that an electronic transfer is not possible because of insufficient funds in my account, I understand that it will be my responsibility to make up the payment and I may be charged a non-sufficient (NSF) fee and the late payment fee.

City of Streator sewer/garbage customers must continue to pay bills until confirmation from the City of Streator is received, including the transfer start date. This authority is to remain in full force and effect until the City of Streator has received written notification from me of its termination in such time and in such manner as to afford the City and Depository a reasonable opportunity to act on it.

_____ _____

Signature **Date**

_____ _____

Signature **Date**

<u>DISCONTINUANCE OF AUTO PAY:</u>

I hereby request that the City of Streator discontinue the auto pay of my sewer and garbage bill.

_____ _____

Signature **Date**