

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Village of Ladd
121 N Main Ave PO Box 305
Ladd, Illinois 61329
(815) 894-2440

Customer Number _____

Customer Name _____

Address _____

Phone Number _____

Email Address _____

Account Type _____ Checking _____ Savings

Institution Name _____

Bank Routing/Transit Number: _____

Account Number _____

Institution phone # _____

IMPORTANT - to ensure accurate processing:
If payment is to be deducted from checking account, please return a voided check. To have payment deducted from savings account, please return a savings deposit ticket.

I authorize the Village of Ladd to automatically deduct the amount of my utility bill from the bank account listed above. I understand my automatic payment will be deducted from my account approximately 2 business days prior to the due date on my utility bill. Final bills will be debited immediately. I understand that all fees associated with non-sufficient funds or closed accounts shall apply. This authorization is to remain in effect until the Village of Ladd receives notice of termination in writing from me. In addition, I shall immediately notify the Village in writing when closing my bank account. The Village reserves the right to cancel this agreement with due notification to the utility customer. By signing below, I certify that the information I have given on this Authorization Agreement is complete and true.

Signature _____ Date _____

Signature _____ Date _____

Terms and Conditions

Automatic Payment Commencement

Your automatic payment service will be operational and your required payments will be taken from your account as stated above.

Record of Payment

Your bank statement will indicate the amount and date of your automatic payment. Retain this record as proof of payment for future reference regarding your billing. If a question arises regarding your payment or the amount differs from your bill, you must notify the Village of Ladd and your financial institution within 60 days of the date of the questioned statement. Your financial institution will advise you of rights concerning the error.

Availability of Funds

You are responsible for having enough money in the designated account at the time account is to be debited. You are responsible for any fees associated with non-sufficient funds. Automatic payment authorization may be cancelled if two payments are returned in a 12-month period.

Payment Date

Funds will be taken from the designated account approximately 2 business days prior to the due date. Payment due dates vary from billing to billing, please note the specific date on each bill received.

Termination

Your services will remain active and in effect unless the Village receives 30 days written notice of cancellation in advance of the upcoming billing cycle. Every effort will be made to honor requests. In any event, upon written request automatic payment service will be cancelled as soon as possible.

Contact Information

Return completed authorization form to:

The Village of Ladd
121 N. Main Ave. PO Box 305
Ladd, Illinois 61329
815-894-2440