

## **Auto Bill Pay**

The Village of Steeleville offers **Auto Bill Pay**, allowing utility bill customers to pay their monthly utility bills by automatically deducting the amount due from their checking account. With **Auto Bill Pay**, customers no longer have to write checks, get payments in the mail on time, or worry about payments getting lost in the mail.

### *What do I need to do?*

Complete an Authorization Agreement Form ([link to form](#)) and bring or mail it to Village Hall. This will authorize your financial institution to automatically deduct the amount due each month for your utility bill. After **Auto Bill Pay** is implemented, you will continue to receive your bill, but it will read "Drafted on (date), Don't Pay". You will receive your bill at least 10 days prior to the due date.

### *What if I don't have enough money in my checking account?*

Payments returned for insufficient funds will be subject to a fee. If three (3) payments are returned during any 12-month period, your **Auto Bill Pay** will be terminated.

### *How can I stop Auto Bill Pay?*

You may cancel your **Auto Bill Pay** by submitting a Discontinuation Form ([link to form](#)) to Village Hall by mail or personal delivery. At least ten (10) days prior notice is required to cancel the authorization.

Contact Village Hall at (618) 965-3134 ext. 31 if you have further questions or if you would like to start **Auto Bill Pay**.

**AUTHORIZATION AGREEMENT FOR AUTO BILL PAY**

I hereby authorize the Village of Steeleville ("VILLAGE") to initiate debit entries to my checking account indicated below and authorize the financial institution ("BANK") named below to debit same to my account beginning on \_\_\_\_\_ and continuing on the **15<sup>th</sup> of each month** thereafter. I understand that the amount of these debits may vary from month to month but that I will receive notice of the amount due each month at least ten (10) days prior to the due date. I also authorize VILLAGE and BANK to electronically debit or credit my account to correct any erroneous debits, if necessary. **Payments returned for insufficient funds will be subject to a fee. If three (3) payments are returned during any 12-month period, I understand my Auto Bill Pay will be terminated.**

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ROUTING # \_\_\_\_\_ CHECKING ACCOUNT # \_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify VILLAGE in writing by mail or personal delivery to 107 W. Broadway Street, Steeleville, IL 62288, that I wish to revoke this authorization. I understand that VILLAGE requires at least ten (10) days prior notice in order to cancel this authorization.

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Service Address:

\_\_\_\_\_  
Your account number (shown on bill)

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**

When Auto Bill Pay is implemented, your bill will read "Drafted on \_\_\_\_\_, Don't Pay". Please continue to pay your bill normally until that time.

**AUTO BILL PAY DISCONTINUATION FORM**

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Service Address:

\_\_\_\_\_  
Your account number (shown on bill)

I hereby direct the Village of Steeleville discontinue debit entries to my checking account.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_