

CITY OF CRYSTAL LAKE
Application for participation in direct debit program

Please complete this application to participate in the direct debit program for your utility bill for the City of Crystal Lake. Please complete this application and return to it to the Crystal Lake Finance Department.

Authorization Agreement for Preauthorized Withdrawals for my Utility Bill

I hereby authorize the City of Crystal Lake (COCL on statement) to withdraw payment for my utility bill on the 21st of each month or the next business day if the due date is on a weekend or holiday.

- > Each payment shall be the same as if it were personally signed and authorized by me.
- > If sufficient funds are not in my account, a thirty-five (\$35.00) administration fee will be applied to my account.
- > The City of Crystal Lake and I reserve the right to terminate participation in this plan with a 30 day written notice.

Authorized by: _____
Your Signature

Name of Financial Institution				
Financial Institution Routing Number	Account No. to Debit	Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
Your Name				
Your Address	Suite	City	State	Zip
Your signature		Date		

UTILITY BILL ACCOUNT NUMBER _____

DAYTIME TELEPHONE NUMBER _____

Please attach a voided check or copy of check to this authorization for bank routing information. Return this form to: City of Crystal Lake
100 W. Woodstock Street
Crystal Lake, IL 60014
Attn. Finance Department

Please note: Any request for changes, including bank accounts, changing banks or cancellation of service may take up to 30 days to be effective. This form must be received by 10th of the month to be implemented for the following months bill.