



**Mail to:** Village of Fox River Grove  
305 Illinois Street  
Fox River Grove, IL 60021

## Auto Pay Enrollment Form

I hereby authorize the **Village of Fox River Grove** to initiate debit entries, and if necessary, credit entries/adjustments for any debit entries in error to my account indicated below for payment of **Bi-Monthly Water/Sewer, Water Only, or Sewer Only Bills**, and the Depository (bank/credit union) named below, to debit and/or credit the same to such account. This authority is to remain in effect until the Village has received written notification from me of its termination, bank and/or account change, 15 days prior to the due date of a water/sewer bill, as to afford the Village and the bank a reasonable opportunity to act on it.

Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

Water Bill Account # \_\_\_\_\_ Address: \_\_\_\_\_  
(12 digits)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Depository Name** (Bank/Credit Union)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Account Type:** (check one)     Checking     Savings

**Please attach a voided check to this form.**

**Termination of Auto Pay**

\_\_\_\_\_ Effective Date

\_\_\_\_\_ Signed

Termination must be 15 days prior to a water/sewer bill due date.