

Utility Billing Direct Debit Enrollment Form



Glenbrook Sanitary District

Signing up for Automated Clearing House (ACH) withdrawal provides many benefits:

- ACH payments can be debited to your bank account whereas checks need to go through the U.S. Postal Service and will never be lost in the mail.
- Your utility bill payment is set up to be automatically on the due dates eliminating late fees and penalties.
- ACH withdrawals will save you time and money by eliminating postage, envelopes and driving to mailbox and or US Post office.

If you have any questions about ACH withdrawals, please feel free to contact the Glenbrook Sanitary District.

A **voided check** must accompany this form in order to activate electronic withdrawals.

An **email address** is required to participate in this program for timely communication.

There will be a \$25.00 fee if an automatic withdrawal is returned due to insufficient funds or if the account number given on the application is incorrect.

Send this form and voided check to:

Glenbrook Sanitary District
Attn: Utility Billing
PO Box 504
Waukegan, IL 60079

OR

Form and voided check image

May be emailed to:

info@gsd.illinois.gov



ACH Debit Enrollment Form

This form is used for Automated Clearing House (ACH) debit to provide payment related information to your financial institution. You must check with your financial institution to confirm that funds have been deposited.

Please check one of the following: New Change

CUSTOMER INFORMATION

Name:	
Property Address:	
Current Mailing Address (if different from Property Address):	
Email Address:	
Home Telephone:	Mobile Telephone:

FINANCIAL INSTITUTION INFORMATION

Name:
Address:
Nine-digit Routing Transit Number (usually first set of nine-digit numbers at bottom of check):
Account Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings EFT Method: <input type="checkbox"/> CCD (Commercial Account) <input type="checkbox"/> PPD (Personal Account)

I (we) hereby authorize the Glenbrook Sanitary District, to initiate debit entries to my (our) account indicated above at the depository financial institution named above and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the Glenbrook Sanitary District has received written notification from me of its termination in such time and in such manner as to afford Glenbrook Sanitary District and depository financial institution a reasonable opportunity to act on it.

There will be a \$25.00 fee if an automatic withdrawal is returned due to insufficient funds or if the account number given on the application is incorrect.

Name of account Holder(s) (please print):	
Signature account Holder(s) (required):	Date: