

**AUTOMATIC BILL PAYMENT PLAN  
AUTHORIZATION CERTIFICATE**

**FLAGG CREEK WATER RECLAMATION DISTRICT**

I authorize the District to pay my sanitary sewer service/user charge bill by charging each payment to my checking account."I understand that each payment shall be electronically charged to my checking account five (5) business days or less before the due date of the bill. This authorization is to remain in effect until revoked by me in writing. **THERE IS NO FEE FOR THIS AUTO PAY PROCESS THROUGH A CHECKING ACCOUNT .**

I understand that my enrollment in this plan will be confirmed when I receive a bill with the words "Auto Pay" printed on bill's return payment coupon.

I agree to notify the District before moving to arrange for a final billing and to advise the District if I will be changing or closing the bank account utilized under this payment plan.

I may stop payment of a charge by notifying the District a minimum of twenty (20) days prior to the due date on my bill. I agree to release Flagg Creek Water Reclamation District from any and all damages resulting from or in connection with my participation in this Automatic Bill Payment Plan.

**\*RETURN THIS FORM ALONG WITH A COPY OF A VOIDED CHECK\***

**Mail To: F.C.W.R.D.  
7001 North Frontage Road  
Burr Ridge, IL 60527**

**Fax To: 630-323-4230  
Email: [info@fcwrd.org](mailto:info@fcwrd.org)**

If you have any questions, feel free to call our office during the hours of 8:00am to 4:00pm, Monday - Friday.

Flagg Creek Water Reclamation District Telephone Number is (630) 323-3299

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Flagg Creek Water Reclamation Dist. Acct. #

\_\_\_\_\_  
Your Bank's Name

\_\_\_\_\_  
9 Digit Bank Routing Number

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date