708-246-5657

LA GRANGE HIGHLANDS SANITARY DISTRICT

LHSD AUTOPAY UTILITY BILLING CONSENT FORM

The La Grange Highlands Sanitary District offers a Direct Debit Program that will allow you to pay your utility bill automatically through your checking account. If you would like to participate in this program, you will need to fill out this form in its entirety, prepare an unsigned voided check and drop off the items in person or send these items to our office by way of one of the following options:

Mail: La Grange Highlands Sanitary District, 5900 S Willow Springs Road, La Grange, IL 60525
Email: info@lagrhighsd.org

Applicant Information

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code*

Email Address: _____ Home Phone: _____

Water/Sewer Account Number: _____ ←*Residential Accounts Only*

Bank Information

Bank Name: _____

Address: _____

_____
City *State* *Zip Code*

Bank Routing Number: _____ Bank Account Number: _____

_____

I authorize the La Grange Highlands Sanitary District and its financial institution, Fifth Third Commercial Bank, to debit my above listed account for all forthcoming water/sewer bills. I understand that the automatic withdrawal of the amount billed will be debited on approximately the billing due date and will continue to be debited until the La Grange Highlands Sanitary District receives written notice of at least 30 days prior to a scheduled water/sewer payment due date. Furthermore, I agree to have such funds available for withdrawal as specified in this agreement.

Signature: _____ Date: _____

**Upon acceptance to this program, you will not be mailed a bill. Balances available at: http://lagrhighsd.org*