

South Highway Water District

111 Cedar Creek Road
Makanda, Illinois 62958
618-529-5313

AUTOMATIC BILL PAYMENT

The South Highway Water District is pleased to offer an easier way to pay your water bill. With the free Automatic Bank Payment plan, you can have your water bills paid automatically from any participating Bank, Savings and Loan, or Credit Union checking or savings account.

NO check to write. NO postage to pay. NO more trips to pay your bills in person. Whether you are away on a trip or sick at home, your bill will be paid. NO more embarrassments about forgetting to pay your bill.

All you have to do is make sure there is enough money in your account to cover the bills and record the payments in your records. With Automatic Bank Payment, you still keep control of your water bill payments. **Please continue to pay your monthly bill until it is marked in the lower left corner "Paid by Draft."** On the 10th of the month following receipt of your water bill, the payment will be deducted from your account. If you have any questions about your bill, you can call our office when you receive your memo bill.

COMPLETE AND RETURN THIS SECTION WITH A VOIDED CHECK FROM THE CHECKING OR A VOIDED DEPOSIT SLIP FROM THE SAVINGS ACCOUNT YOU WANT US TO DEDUCT YOUR PAYMENT FROM.

CUSTOMER NAME _____ ACCOUNT NUMBER _____

SERVICE ADDRESS _____ DAYTIME PHONE _____

REQUIRED FINANCIAL INFORMATION

Name of financial institution _____

Address of institution _____
Street City State

Account Number _____ Checking _____ Savings _____

(Please enclose a voided check)

I authorize the South Highway Water District to instruct my financial institution to make my utility payments on the date due from the account listed above. This authority remains in effect until South Highway Water District or my financial institution has (have) received written notification from me of termination in time to allow reasonable opportunity to act on it, or until South Highway Water District has sent me a notice of termination of this agreement.

Signature _____ Date _____

Print Name _____