VILLAGE OF CARPENTERSVILLE
WATER AND SEWER BILL PAYMENT OPTION

Initial Payment

Your enrollment application will undergo a "pre-notification" process where a test transaction (zero dollar) is created and used to verify the accuracy of account information provided. Should the pre-notification test fail (incorrect account number or transit routing number) you will be notified and asked to provide corrected information prior to beginning automatic payments. **Automatic payments will begin after a successful pre-note. The term "BANK PYMT" will appear on your bank statement indicating successful registration. Please continue to make payments by check until you receive the above mentioned bank statement.**

Stop Payments

Stop payments can be issued up to five working days prior to your payment date. As with checks, you are responsible for any charges associated with the stop payment. You may be required to provide written confirmations of the stop payment to your financial institution. Please contact the Village of Carpentersville to request a stop payment. Once you issue a stop payment, you still remain responsible for paying the bill on time and are now subject to penalties for late payment.

Availability of Funds

You are responsible for having enough money in the account you designated on your payment date. As with checks returned for non-sufficient funds, there is a $25.00 NSF charge on all returned automatic payments for non-sufficient funds. **Auto Pay** may be canceled if two payments are returned within a 12-month period.

Payment Date

The predetermined amount will be transferred from your bank account on the **day prior to the due date**. If this falls on a weekend or holiday, your account will be debited on the following business day.

Record of Payment

Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this statement as a record of payment for future reference. If a question arises regarding your transfer or if the amount differs from your bill, you must notify us and your financial institution within thirty days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error.

Termination of Auto Pay

Auto Pay will remain in effect unless we receive written notice from you requesting termination of service. **A final billing, resulting from moving out of your residence, cannot be paid by Auto Pay**.

Bank Changes

If you change banks, or if you close or change your Auto Pay account, please notify us immediately. A new application must be completed authorizing us to make these changes.

Questions

Auto Pay still allows you the opportunity to question the charges on your billing statement. If it is determined that an error has been made on your account, corrections can be made within the first 14 days of issuance for the current billing; resolution after 14 days will be made with the next billing statement. If you have questions concerning your water bill or **Auto Pay** program, please contact the Water Billing Department at (847) 551-3476.

Return the completed application to the Village of Carpentersville, 1200 L.W. Besinger Drive, Carpentersville, Illinois 60110 or fax a copy of these items to (847) 551-9278.

Please retain top portion for your records.

Customer Name (as shown on bill) **Utility Bill Account Number (required)**

Service Address

Mailing Address (if different) **(City/State/Zip Code)**

Daytime Phone Number ( ) __ __ __ - __ __ __ __

Bank Name **Bank Phone Number**

Bank Address **(City/State/Zip Code)**

Bank Transit Routing (ABA) Number **Checking** **Savings**

Bank Account No. _____

_____

Authorized Signature **I AGREE TO THE TERMS LISTED ABOVE**

RETURN THIS APPLICATION ALONG WITH A VOIDED OR CANCELED CHECK

Customer Name (as shown on bill) **Utility Bill Account Number (required)**

Service Address

Mailing Address (if different) **(City/State/Zip Code)**

Daytime Phone Number _____

Bank Name **Bank Phone Number**

Bank Address **(City/State/Zip Code)**

Bank Transit Routing (ABA) Number **Checking** **Savings**

Bank Account No. _____

_____

Authorized Signature **I AGREE TO THE TERMS LISTED ABOVE**