

**AUTHORIZATION AGREEMENT
ELECTRONIC PAYMENT PLAN**

I hereby authorize the Village of Bradley to initiate entries into my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until I notify the Village of Bradley, in writing, thirty days before such request to cancel authority will take effect. This will allow the Village of Bradley and the financial institution a reasonable opportunity to act on it. Note - all of the following information must be completed or else the Village cannot enroll you in the electronic payment program.

Name of Financial Institution

Address of Financial Institution – Branch, City, State, and Zip

Financial Institution Routing Number:

(Look between these symbols [::] on the bottom left of your check)

Your Checking/Savings Account Number

Your Signature

Date

Your Name (Please Print)

Your Address

Your Village of Bradley Sewer Account #

Please complete this form and mail to:

Village of Bradley
Sewer Billing Department
147 S. Michigan Ave.
Bradley, IL 60915