



**City of Rolling Meadows  
Enrollment and Authorization Form to Pay Your Utility Bill by Direct Debit**

I authorize the City of Rolling Meadows to deduct funds from my checking, savings or credit card named below to pay the amounts due on my utility account listed above on the 20<sup>th</sup> of each month or the next business day. I acknowledge that I will receive a monthly utility bill indicating that this is a "BANK DRAFT" from my checking or savings account or a "CC Auto Debit" from my credit card. I understand that I can stop these automatic payments if I notify the City's Finance Department in writing. Changes to automatic payments may take up to 30 days to become effective. I agree to notify the Finance Department promptly if I change banks or if my account number changes. I understand that there will be an administration fee of \$30.00 charged for amounts up to \$500.00 for non-sufficient funds, closed account, etc. I also understand that if this automatic debit is not honored by my bank, credit card or financial institution for any reason under my control, my utility account will be assessed a penalty and my utility service may be disconnected for nonpayment.

Please remit this form to: City of Rolling Meadows, Finance Department, 3600 Kirchoff Road, Rolling Meadows, IL 60008, or drop it off at the Cashier's Window or white drop box at City Hall. You may fax it to (847) 394-8710. Please call (847) 394-8500 for assistance or if you have any questions.

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**ALL INFORMATION MUST BE COMPLETED OR THE ENROLLMENT FORM WILL BE RETURNED.**

Please print your name and service location as shown on the City of Rolling Meadows Utility Bill:

**UTILITY BILL ACCOUNT NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_ **DAYTIME PHONE** \_\_\_\_\_

**SERVICE ADDRESS** \_\_\_\_\_ **RM** \_\_\_\_\_ **PALATINE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**To select direct debit debit using your bank account please check:**

Savings (ATTACH VOIDED DEPOSIT SLIP)       Checking (ATTACH VOIDED CHECK)

Financial Institution Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

**To select direct debit using your credit card please check:**

                     

Credit Card Holder's Name (as it appears on the credit card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV2/CV2 \_\_\_\_\_ (If present, this is the three digit number or last three digits on the back of your card near the signature panel.)

**Return this form to:**  
City of Rolling Meadows  
ATTN: Finance Department  
3600 Kirchoff Road  
Rolling Meadows, IL 60008

**By Fax:** (847) 394-8710