



**12 S. Center Street
Bensenville, IL 60106
Ph 630-766-8200 Fax 630-350-3434**

**VILLAGE OF BENSENVILLE WATER/SEWER/REFUSE
AUTOMATIC PAYMENT AUTHORIZATION**

Name: (Please print) _____

Account #: _____ Customer #: _____

Service Address: _____

Telephone #: _____

**I AUTHORIZE THE VILLAGE OF BENSENVILLE TO DEDUCT FROM MY
CHECKING ACCOUNT MY MONTHLY UTILITY FEES.**

Signature: _____ Date: _____

(Attach voided check here)