



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

VILLAGE OF BENSENVILLE WATER/SEWER/REFUSE BANK DRAFT INFORMATION UPDATE

Effective as of: _____ **(Cannot be within 7 days from next bank draft date)**

Account #: _____ Customer #: _____

Name: (Please print) _____

Service Address: _____

Telephone #: _____

I authorize the Village of Bensenville to **discontinue** the "Bank Draft" program for my monthly utility fees.

I authorize the Village of Bensenville to **change** my bank information to the voided check attached below.

Authorizing Signature: _____ Date: _____

(Attach voided check here, if applicable)

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