

## GREATER PEORIA SANITARY DISTRICT EZ-PAY AUTHORIZATION FORM

Date	

Please circle one:	Sign me up for EZ-Po	ay or	Changing EZ-Pay Information	
Customer Name				
Address			Phone Number	r
City		State	Zip Cod	de
GPSD Account # (s)				
application to make my G in full control of EZ-Pay pa	r Peoria Sanitary District to reater Peoria Sanitary District to reater Peoria Sanitary District to terminate to the ter	ict bill payment enrollment at a	ts from the account lister any time with <u>written</u> ne	ed. I understand that I ar otice to GPSD. Both GPSI
Bank Account Number				
Please circle one:	Checking Account	o	r Saving	s Account
Signature			MANAGE MANAGEMENT OF THE PARTY	

<u>Before returning this EZ-Pay authorization form, please verify that this entire form has been completed, signed, and a voided check has been attached.</u>

Points to remember when enrolling in GPSD's EZ-Pay Program:

- \* Your account must have a zero balance before enrolling in this program.
- \* This entire authorization form must be completed and signed.
- \* A copy or voided check must be included.
- \* We must receive <u>written</u> verification to discontinue the EZ-Pay program.
- $^{st}$  Any payments returned by the bank will be subject to a \$30.00 service fee.
- \* You will continue to receive a regular billing statement that will show the amount to be deducted from your bank account. This amount will be deducted on approximately the 10th of the month after the invoice date. For example, if your account is billed on March 23rd, your bill amount will be deducted on approximately April 10th.

If you have any questions, please call Angie at (309) 272-4806.

Please return this completed form and a voided check to:

EZ-Pay/Greater Peoria Sanitary District 2322 S. Darst Street Peoria, IL 61607-2093

Or Email or Fax to: <u>asegler@gpsd.org</u> /309-272-4807