

Direct Pay Directions and Form

Direct Pay saves you both time and money. Direct Pay is a free service that will automatically deduct the amount of your monthly bill from your bank account. This service eliminates late fees, writing checks, cost of money orders, postage, convenience fees or trips to our office.

Once you sign up for this service, we will bill your account as normal and deduct our charge from your bank account on the due date shown on your bill, and not a day sooner. For customers required to pay a specific monthly amount, write that amount under *Required Monthly Payment* below. This required amount will be deducted from your designated account each month until your balance is zero, then your new charges will be deducted. Customer Accounts can tell you more about required payment.

This service is only available towards your brown and white monthly treatment bill. You may not establish a direct pay agreement if you are carrying an unpaid balance in collections.

To sign up for this service, complete this form. Please allow 4 weeks for the service to become effective. Continue paying your bill until you receive a green sticker on your bill indicating the direct pay is in effect. Customers paying on several accounts must enter each account separately below. Use multiple forms if paying on more than 8 accounts.

If you have any questions about this service, call Customer Accounts at 618-337-9000.

Name: _____ Phone number: _____

Service Address: _____

Billing Account Number (as it appears on your bill)	Required Monthly Pmt (if applicable)
	\$
	\$
	\$
	\$

Billing Account Number (as it appears on your bill)	Required Monthly Pmt (if applicable)
	\$
	\$
	\$
	\$

Financial Institute: _____

Bank Routing # _____ Account # _____

Signature Required: _____
(Authorized signer for the bank account)

I authorize American Bottoms RWT Facility and the financial institution named above to deduct the amount of my monthly wastewater treatment bill (or the required monthly payment(s) noted above) from the account(s) identified. I understand my automatic payment will be deducted on the due date of my bill(s). My authorization will remain in force and effective until cancelled by me, my financial institution, or American Bottoms.

Mail this form with your voided check to:
 American Bottoms Regional Wastewater Treatment Facility
 1 American Bottoms Road, Sauget, IL 62201-1075