



GREATER PEORIA SANITARY DISTRICT
EZ-PAY AUTHORIZATION FORM

Date _____

Please circle one: **Sign me up for EZ-Pay** or **Changing EZ-Pay Information**

Customer Name _____

Address _____ **Phone Number** _____

City _____ **State** _____ **Zip Code** _____

GPSD Account # (s) _____

I hereby authorize Greater Peoria Sanitary District to instruct my bank or the financial institution named in this application to make my Greater Peoria Sanitary District bill payments from the account listed. I understand that I am in full control of EZ-Pay payments. I may discontinue enrollment at any time with written notice to GPSD. Both GPSD and the financial institution reserve the right to terminate this payment plan and/or my participation in it.

Bank or Financial Institution _____

Bank Account Number _____

Please circle one: **Checking Account** or **Savings Account**

Signature _____

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

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.
- * Include a copy or voided check.
- * We must receive written verification to discontinue the EZ-Pay program.
- * Any payments returned by the bank will be subject to a \$25.00 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 Michelle at (309) 272-4810.

Please return this completed form to :

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