



City of East St. Louis Automatic Bill Payment (ABP) Option – Sewer Service

The City of East St. Louis is pleased to offer a free payment option that will save you time and money. Automatic Bill Payment (ABP) for Sewer Service is a free service that automatically deducts the amount of your monthly bill from your bank account or charges it to your credit card. Now you can save time by not having to write and mail a separate check.

Here’s how ABP works. You authorize the monthly payment to be made from your checking account, savings account (payment can be made from most banks within the U.S.) or be charged to your credit card. Then your payment will be made automatically for you every month. You will still receive a monthly bill from City of East St. Louis showing the charges to your account. If payment cannot be made because of insufficient funds or a closed account we will assess a service charge. *To take advantage of this free service simply print and complete this authorization form. Mail it to us with a voided check, savings deposit slip, or a photocopy of your credit card.*

Please continue to pay your bill until your statement indicates the ABP option has started. Allow 4-6 weeks for processing.

Required Information to Process Your Request

Name as it appears on your City of East St. Louis Bill

10 Digit City of East St. Louis Sewer Account Number

10 Digit City of East St. Louis Sewer Premise Number

Email Address

Option 1: Checking or Savings Account Type Checking Savings (check one)

Name (exactly as it appears on financial institution records)

Name of Financial Institution

Routing Number (9 digit number at bottom of your check)

Checking or Savings Account Number

I authorize the financial institution named above to charge my account and remit payment for my monthly bill to the City of East St. Louis. This authority will remain in effect until I give written notification, satisfactory to the City of East St. Louis, to terminate this authorization.

Financial Account Holder Signature Date

Financial Account Holder Signature Date

Option 2: Credit Card Type Visa Master Card Discover (check one)

Name (exactly as it appears on credit card)

Billing Address (exactly as it appears on credit card records)

Credit Card Account Number

Expiration Date

I authorize the City of East St. Louis to charge the full amount of my monthly bill to the specified credit card. This authority will remain in effect until I give written notification, satisfactory to the City of East St. Louis, to terminate this authorization.

Credit Card Holder Signature

Date