

To authorize the City of Greenwood to set up automatic monthly payments for your Sanitation and/or Stormwater, complete the form below and include one of the following:

- A blank, unsigned voided check
- A bank statement
- An online bank image
- A direct deposit form
- A deposit slip

Ensure the document **includes** your name, address, routing number, and account number. Failure to provide proper documentation will delay processing. Please note:

- The form must reach our office at least 15 days before your next due date to begin automatic payments for the following month. We will process your request as quickly as possible.
- If you receive another bill after submitting this form, contact our office before making that payment.

I (we) hereby authorize the City of Greenwood to initiate debit entry to my (our) account each month on the scheduled due date for the total amount due on my City of Greenwood account. I (we) also authorize my (our) financial institution identified below to debit the same amount from my (our) account. I (we) also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my (our) account. I (we) further understand that if my (our) financial institution does not honor any payment, my (our) account may be subject to late fees and NSF fees as provided by Greenwood law. This authorization is to remain in full force and effect until I (we) provide the City of Greenwood written notification of my (our) desire to terminate this agreement in such time and in such manner as to give the City of Greenwood a reasonable opportunity to act on it. The City of Greenwood reserves the right to cancel a customer's participation at any time. If I (we) believe an erroneous debit entry is charged to my (our) account, I (we) understand I (we) have the right to have the amount of the entry credited to my (our) account by my (our) financial institution. I (we) agree to give my (our) financial institution and Stormwater written notice identifying the entry, stating that it is in error, and requesting credit back to the account. I (we) understand that I (we) must provide such notice within fifteen (15) calendar days following the date on which I (we) was sent a copy of my (our) account statement or a written notice of such entry or 45 days after posting, whichever occurs first.

Name of Financial Institution Account Type: Checking Savings

Financial Institution Routing Number Financial Institution Account Number

Resident Name Service Address

Sanitation Account Number(s):

Stormwater Account Number(s):

Phone Number:

Email:

Check this box to **replace** your
paper statements with e-statements.

Signature

Date

This completed form and bank documentation can be mailed, emailed to utilities@greenwood.in.gov, faxed to 317-887-5718, or brought to the city center.