

To authorize the City of Greenwood to deduct your monthly payments by automatic deduction, fill out the information below, attach a blank unsigned voided check, and send it <u>along</u> with your current payment to the City of Greenwood. If your account is a joint account, both account holders must sign this form. We will process your account for automatic deduction as soon as possible after receipt of your form. The authorization form must reach our office fifteen (15) days prior to your next due date in order to begin your automatic payment for the following month. If you receive any additional bills after sending in this form, please call our office before making the payment shown on that bill.

Automatic Bank Draft Authorization	
I (we) hereby authorize the City of Greenwood to initiative 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) also understand that if orrections 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.	
	Account Type:
Name of Financial Institution	□ Checking □ Savings
Financial Institution Routing Number	Financial Institution Account Number
Customer Name	Address
Utility Type: Sanitation Stormwater	
City of Greenwood Account Number(s)	Phone Number
Email:	
Signature	Date

