

CITY OF GREENFIELD**Sewer Automatic Payment Plan Authorization**

Last Name, then First Name (or Business Name)		Telephone Number (with area code)	
Mailing Address		City	State Zip
Service Address (if different from above)		Sewer Account Number	
I am authorizing (please choose one) _____ Automatic payment plan, initial enrollment for payment of sewer utility bill _____ A change in financial institution and/or account			
How would you like us to send your sewer bills: _____ Via U.S. mail _____ Via email _____ Both email and mail		As a disclaimer, your email will be used ONLY for the purpose of sending bills or following up with you should there be a problem or a question.	
If you want us to send your bills via email, please supply your email address:			
FINANCIAL INSTITUTION If you are unsure about any of this information, you may want to contact your financial institution for assistance. <u>You do not need to fill out this section if you send us a voided check.</u>			
Name of Financial Institution		Type of Account (please choose one): _____ Checking Account _____ Savings Account	
9 Digit Bank Routing Number		Bank Account Number	
Authorization I authorize and request the City of Greenfield to instruct my financial institution to deduct my payment from my checking or savings account; and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account. I understand that the financial institution designated or the City of Greenfield reserves the right to cancel this agreement by notice to me. I further understand that it is my responsibility to notify the City of any changes in financial institution or accounts therein that could effect the City's ability to satisfy this automatic payment authorization. Lastly, I also understand that cancellation of this automatic payment authorization for any reason is solely my responsibility. Should a payment be returned for any reason, I understand a bank fee will be assessed.			
Signature		Date	