

**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: <input type="checkbox"/> Via U.S. mail <input type="checkbox"/> Via email <input type="checkbox"/> 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 the following information, it is suggested that you contact your financial institution for assistance. **You do not need to fill out this section if you send us a voided check.**

Name of Financial Institution	City	State
9 Digit Bank Routing Number	Bank Account Number	
Type of Account (please choose one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

**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
-----------	------