

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

I (we) hereby authorize the Greenfield Water & Sewer Department to initiate debit entries to my (our) checking account indicated below, located at the financial institution name listed below and to debit the same to such account shown below.

FINANCIAL INSTITUTION:

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

_____ CHECKING _____ SAVINGS

This authority is to remain in full force and effect until the Greenfield Water & Sewer Department and the Financial Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Greenfield Water & Sewer Department and the Financial Institution a reasonable opportunity to act on it.

CUSTOMER NAME(S) _____

CUSTOMER ADDRESS _____

CUSTOMER PHONE _____

CUSTOMER ACCOUNT NUMBER _____

DATE _____ SIGNED _____

***ATTACH VOIDED CHECK**