



AUTO-PAY APPLICATION
ACH DEBIT AUTHORIZATION

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Name: _____ **Water/Sewer Acct. Number:** _____
Phone: _____ **Service Address:** _____

I (we) hereby authorize the City of Greenville to initiate debit entries to my (our)
 Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ **Branch:** _____
City: _____ **State:** _____ **Zip:** _____
Routing Number: (9 Digits): _____ **Account Number:** _____

A copy of a voided check must be attached in order to process this application.

Agreement

- 1. Record of Payment**
You will continue to receive a utility bill indicating the amount to be debited from your bank account. The following utility bill will show automatic payment. Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment. If a question arises regarding your transfer or if the amount differs from the bill, you must notify the City of Greenville's Billing Department and your financial institution within sixty days.
- 2. Payment Date**
The predetermined amount will be transferred from your checking/savings account on the monthly due date. If that date falls on a weekend or holiday your account will be debited on the next business day. You are responsible for any fees charged by your bank that is associated with non-sufficient funds. In addition, the City of Greenville charges a \$25 fee for NSF's. Auto-pay may be cancelled if to two payments are returned within a 12-month period.
- 3. Termination**
Automatic debit service will remain in effect unless the City of Greenville receives written notice from you 30 days prior to the cancellation date or until your service is terminated by the City of Greenville.
- 4. Account/Address Change**
Please notify the Billing Department of any account or address changes as soon as possible.

I hereby authorize the City of Greenville to deduct my payment(s) from the account listed above, and agree to the terms stated in the above Application and Agreement for Direct Payments.

Name(s): _____
(Please Print)
Signature: _____ **Date:** ____/____/____