



"A Great Place to Live"
(479) 996-1370

CITY OF GREENWOOD

P.O. Box 1450
Greenwood, AR 72936

Water Department Automatic Debit Authorization for Water Bill

I (we) hereby authorize the City of Greenwood, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and depository financial institution name below, herein after called DEPOSITORY, 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 the U.S. law.

Water Account # _____
Depository Name _____
Branch (If Applicable) _____
City _____ State _____ Zip Code _____
Depository Transit/Routing # _____
Account # _____ Checking _____ Savings _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____
Address _____
Signature _____ Date _____

**ATTACH VOIDED CHECK
COUNTER/TEMPORARY CHECKS NOT ACCEPTED**



