City of Greene
Utility Auto Payment Request

Name: _____ **Today's Date:** _____

Utility Account Number: _____

Property Location: _____ **Phone:** _____

Please complete the following information:

Bank Name: _____

Bank Routing Number: _____
   The bank routing number is the first grouping of numbers on the bottom of your check

Bank Account Number: _____
   The account number is the center grouping of numbers on the bottom of your check.

Type of Account: ☐ Checking   **or**   ☐ Savings

Effective Date: _____

☐   Attach a VOIDED Check

☐   Please STOP my Auto Payment – Effective Date: _____

◆◆◆

❖ Bills are processed and mailed on the last day of the month.

❖ Automatic payments will be presented to your bank on the 20th of each month. If the 20th falls on a Saturday ACH will be deducted the Friday prior, and if the 20th falls on Sunday, will be deducted on the Monday after.

❖ If a draft or automatic bank debit is not honored by the financial institution for any reason when presented the first time, the utility account shall immediately be deemed unpaid and delinquent, as if the customer had attempted no payment at all. Disconnection date shall be no later than the disconnection date would have been if the customer had attempted no payment at all. To prevent disconnection, such payment shall be delivered to the utility office during normal business hours but not later than 12:00 PM on the scheduled disconnect date.

❖ The City reserves the right to pursue all other collection remedies available under law, and to discontinue automatic payments at any time.

I hereby authorize the automatic payment of my utility billing on the 20th of each month.

_____   _____   _____
Customer Signature   Customer Signature   Date

◆◆◆
   For office use only:
Start ACH Date   End ACH Date

System Change   ACH File Change