



CITY OF GREENVILLE

340 MAIN STREET
P. O. BOX 897
GREENVILLE, MS 38702-0897
OFFICE 662-378-1533
FACSIMILE 662-378-1536
ACTIONLINE 662-378-1500

PAMELA RICHARDS
WATER/UTILITY DIRECTOR

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

NAME: _____

PHONE: _____

ADDRESS: _____ CITY _____ ZIP _____

FINANCIAL
INSTITUTION NAME: _____

BRANCH _____

CITY: _____

STATE: _____ ZIP _____

TRANSIT/ABA# _____ CHECKING
ACCOUNT#: _____

WATER UTILITY ACCOUNT NUMBER _____

I hereby authorize the Financial Institution named above to pay my monthly Water Bill by charging each payment to my account and to make that deduction payable to the order of The Greenville Water Department.

I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and the Greenville Water Department reserve the right to terminate this payment plan, (or my participation therein).

DATE: _____ SIGNATURE: _____

*****NOTE: PLEASE RETURN COMPLETED ORIGINAL AUTHORIZATION FORM AND A VOIDED CHECK ON YOUR ACCOUNT TO:

CITY OF GREENVILLE
C/O MRS. LINDA DODD
P. O. BOX 897
GREENVILLE, MISSISSIPPI 38702-0897