



BANK DRAFT AUTHORIZATION FORM

THIS AUTHORIZES THE CITY OF GREENWOOD AND MY FINANCIAL INSTITUTION TO AUTOMATICALLY PAY MY MONTHLY SEWER/TRASH BILL OUT OF MY CHECKING ACCOUNT. I AGREE TO ALL TERMS OF THE AUTHORIZATION. MY FIRST BILL WILL BE A PRENOTE TO TEST THE DRAFT, AND THE BANK DRAFTING WILL START WITH THE FOLLOWING BILL

THE DRAFT WILL BE PROCESSED THREE DAYS BEFORE THE BILL DUE DATE TO ENSURE CORRECT PROCESSING

CITY OF GREENWOOD UTILITY ACCOUNT NUMBER: _____

YOUR NAME: _____

SERVICE ADDRESS: _____

HOME PHONE # _____ WORK PHONE # _____

EMAIL: _____

PLEASE ATTACH A VOIDED CHECK

NAME OF BANK: _____

BANK ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

BANK ACCOUNT NUMBER: _____ CHECKING OR SAVINGS
CIRCLE ONE

BANK ROUTING NUMBER: _____

SIGNATURE: _____ DATE: _____