

City of Greenbush

Authorization for ACH Bill Payment

Authorization Agreement

I hereby authorize the City of Greenbush to instruct my financial institution to make my payments to them from the account listed below. This authorization will remain in effect until I notify the City in writing to stop and give ample time for the financial institution to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my statement or sixty (60) days after posting, whichever occurs first. Automatic payments will be withdrawn from your account on the 20th of the month unless that date is a holiday or weekend. A charge may be applied for non-sufficient funds.

Financial Institution Information

Name of Financial Institution: _____

Address: _____

Phone Number: _____

Bank Routing Number: _____

Type of Account: Checking or Savings (Please circle one)

Bank Account Number: _____

Customer Information

Customer Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____