

CITY OF GRETNA ACH RECURRING PAYMENT AUTHORIZATION FORM

Authorization Agreement

I hereby authorize the City of Gretna to initiate automatic withdrawals from my account at the financial institution named below. I also authorize the City of Gretna to make deposits to this account in the event that a credit entry is made in error. I agree that ACH transactions I authorize comply with all applicable law.

Further, I agree not to hold the City of Gretna responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the City of Gretna receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the City of Gretna Water Department.

Water billing occurs on the 15th of each month. Your payment will be deducted from your bank account on the 25th of each month. You will be charged the amount indicated on your monthly utility bill.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Water Account Number: _____

Signature

Name (Primary): _____

(Please Print)

Date: _____ Signature: _____

Name (Joint): _____

(Please Print)

Date: _____ Signature: _____

Please attach a voided check and return to the City of Gretna, 204 N McKenna Ave, Gretna NE 68028. You may also email lisa@cityofgretna.com or kendal@cityofgretna.com a copy or photo of the form and voided check.