

**CITY OF GREENSBURG
MUNICIPAL
WATER and WASTEWATER
Automatic Payment
System
(APS)
Authorization Form**

Name: _____

Service Address: _____

Mailing Address: _____ State: _____ Zip: _____

Home Phone #: _____ Business Phone #: _____

GMWW Acct. #: _____

Bank Name: _____ Bank Transfer #: _____
(check with your bank for this number)

Bank Account #: _____ Checking Acct _____
Savings Acct _____

I authorize the City of Greensburg, Municipal Water & Wastewater (GMWW) to draw monthly bank drafts on my bank account shown above for the payment of my monthly water, wastewater & sanitation bill. I understand that I can discontinue my participation in APS by notifying GMWW in writing prior to the next billing date. Also, both the GMWW and the bank may terminate this agreement. I understand that the GMWW reserves the right to limit participation in APS to customers whose accounts are in good standing.

I understand that if funds are unavailable at the time of transfer, the amount of my current bill will be charged back to my account, along with a \$27.50 NSF charge. Additionally, I understand that I will immediately be terminated from this program.

Signature: _____ Date: _____

*Please attach a check marked "VOID" if drafting from a checking account.
Your billing statement will display a message stating the day your account will be drafted.*

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