

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

GREENSBURG WATER & WASTEWATER AUTOPAY APPLICATION

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". Your bill will be deducted from your checking account, and your bill statement will display the message, "YOUR ACCOUNT WILL BE DRAFTED ON OR AFTER THE 10TH". Please allow six weeks for the plan to be implemented after we receive your authorization form.

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