

Automated Bill Payment Enrollment
GREENE COUNTY SEWER AND/OR WATER SERVICE

Note: Please allow 4-6 weeks for activation of automated bill payments

Please print or type all information

Customer Name

CUSTOMER SERVICE ADDRESS

Service Address

City, State, Zip Code

Sanitary Engineering Customer Account Number

CUSTOMER MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Mailing Address

City, State, Zip Code

Daytime Phone Number

(Area Code)

Number

PLEASE DEDUCT MY AUTOMATED BILL PAYMENT FROM THE FOLLOWING BANK ACCOUNT

Name of Financial Institution

Type of Account _____Checking _____Savings

Bank Account
Number

Note: Enclose a **voided check** (for payments from checking accounts) or a **savings deposit slip** (for payments from savings accounts), along with this form and send to the address below. Save a copy of this form for your records.

I (we) hereby authorize the Greene County Sanitary Engineering Department to deduct payment for my (our) monthly sewer and/or water bill from the account listed above. I (we) understand that if I (we) decide to discontinue this payment method, I (we) must notify the Greene County Sanitary Engineering Department IN WRITING at the following address:

Greene County Sanitary Engineering Department
ATTN: Customer Billing
667 Dayton-Xenia Road
Xenia, OH 45385-2665

If joint bank account, both parties must sign:

(Customer Signature) (Date
signed)

(Joint Account Holder Signature) (Date
signed)

Do Not Write Below this line-for Sanitary Engineering Use only

Routing and Transit Number _____