

**VILLAGE OF GREENUP
AUTOMATIC WITHDRAWAL (ACH) ENROLLMENT FORM
FOR UTILITY PAYMENT**

CUSTOMER INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Utility Acct. # _____

FINANCIAL INSTITUTION INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Routing # _____ Account # _____

Acct. Type (check one) Checking Savings

Withdraws shall be made from the account on the 18th day of the month the bill is due.
A third-party transaction fee of \$1.30 will be added to the amount withdrawn.

I hereby authorize the Village of Greenup to automatically withdraw from my account identified above, the total amount due on my monthly utility billing, plus the \$1.30 third-party transaction fee. I authorize the Financial Institution named above to accept such transactions initiated by the Village of Greenup. I understand that I can discontinue this payment service at any time by notifying the Village of Greenup.

Signature _____ Date _____

VILLAGE OF GREENUP
P.O. BOX 246
GREENUP, IL 62428
217-923-3401