

Automated Bill Payment Enrollment

GREENE COUNTY SEWER AND/OR WATER SERVICE

Note: Please allow 2-4 weeks for activation of automated bill payments

Please print or type all information

Customer Name: _____

CUSTOMER SERVICE ADDRESS

Service Address: _____

City, State, Zip: _____

Sanitary Engineering Customer Account Number: _____

CUSTOMER MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Mailing Address: _____

City, State, Zip: _____

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: _____

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 or email to SED.billing@greencountyohio.gov. Save a copy of this form for your records. If you schedule a final reading for your account the last payment will NOT be debited from your financial institution.

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:
Billing Group
667 Dayton-Xenia Road
Xenia, OH 45385-2665

If joint bank account, both parties must sign:

Customer signature: _____

Date: _____

Joint account holder signature: _____

Date: _____