Village of Greenview 106 E Washington Greenview, IL 62642

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

SIGNATURE

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:		
I(full name)	authorize The Village of Green	view to charge my credit card or
checking/savings account indicated for payment of my water bill	l below for the total amount of my	y bill on the <u>30th</u> of each month
Billing Address	Phon	e#
City, State, Zip	Ema	ail
Checking/ Savings Acco	unt (Credit Card
☐ Checking ☐ Savings	☐ Visa	☐ MasterCard
Name on Acct		Discover
Bank Name	Cardholder Name	
Account Number	Account Number	
Bank Routing #	Exp. Date	
Bank City/State	Cvv	
Routing Number Account Number 22222222222222222222222222222222222		

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Village of Greenview in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand The Village of Greenview will contact me and I agree to an additional NSF fee, and am responsible for paying the account plus fee with cash or money order/cashier check. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

DATE