

# TOWN OF GRETNA DIRECT PAYMENT AUTHORIZATION AGREEMENT

*I (we) hereby authorize and request the Town of Gretna ("TOG") to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my (our) account, at the financial institution (Bank) listed below. I (we) request and authorize the Bank to honor the debit entries initiated by TOG and debit such account. This authorizes debit entries for the schedule of payments and any additional amounts described applicable to my (our) account number ("utility account"), unless otherwise specified. This authority is to remain in force and effect until TOG receives written notification from me (or either of us) of its termination in such manner as to afford TOG a reasonable opportunity to act on it.*

Utility Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

(Your routing number is the first 9 digits listed on the bottom of your check.)

Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Checking Account

Savings Account

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
*Bank Account Owner Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Joint Account Owner Signature*

\_\_\_\_\_  
*Date*

**\*\*You may incur additional charges in the event your designated account has insufficient funds available on the date of your regularly scheduled TOG utility account payment.**

- ❖ Complete this application
- ❖ Attach a voided check or savings deposit slip
- ❖ Sign and date
- ❖ Send or bring form to: Town of Gretna  
107 South Shelton Street  
PO Box 602  
Gretna, VA 24557

