

**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize the City of Gretna to initiate automatic withdrawals from my account at the financial institution named below. I also authorize the City of Gretna to make deposits to this account in the event that a credit entry is made in error.

Further, I agree not to hold the City of Gretna responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the City of Gretna receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the City of Gretna Water Department.

Water billing occurs on the 15th of each month. Your payment will be deducted from your bank account on the 25th of each month.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Water Account Number: \_\_\_\_\_

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return to City of Gretna PO Box 69 Gretna, Ne 68028  
Attn: Water Billing.**