



**GREENFIELD FARMERS MARKET DIRECT DEPOSIT
AUTHORIZATION AGREEMENT**

<u>Enrollee Information</u>			
Last Name, First Name		Business Name	
Address		City	State Zip
Phone		Email	

<u>Financial Institution Information</u>	
Name of Financial Institution	Select one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	Select one: <input type="checkbox"/> Business <input type="checkbox"/> Personal
City, State, Zip of Financial Institution	Depositor Account Title
Transit/Routing Number	Account Number
NOTE: IF YOU INSTEAD WISH TO RECEIVE A CHECK FOR REIMBURSEMENTS, YOU MUST COMPLETE A W-9 FORM.	

<u>Authorization</u>	
<p>I authorize and request the City of Greenfield to utilize my financial institution to deposit Credit/Debit/EBT program repayment into my checking or savings account; and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account. I understand that the financial institution designated or the City of Greenfield reserves the right to cancel this agreement by notice to me. I further understand that it is my responsibility to notify the City of any changes in financial institution or accounts therein that could affect the City's ability to satisfy this payment authorization.</p> <p>This authority is to remain in effect until the City of Greenfield (Farmers Market) has received written notification from me of its termination in such time and in such manner as to afford the City of Greenfield and the bank listed a reasonable opportunity to act on it.</p>	
Signature	Date

*If there are any questions regarding this form, please contact a Market Committee Member.
414.329.5275 –or- farmersmarket@greenfieldwi.us*