



ACH AUTHORIZATION FOR UTILITY BILL PAYMENTS

I hereby authorize the City of Kingman, Kansas, hereinafter called CITY, to charge my **checking account**, at the depository financial institution named below, hereinafter called DEPOSITORY, the amount of my monthly utility bill with the CITY. I understand that these charges will normally occur on or about the 10th day of each month, or the first day thereafter should the 10th day of the month fall on a holiday or weekend. I also authorize the CITY to initiate credits and adjustments to my account for any errors that may occur in the handling of this authorization. I understand that I am responsible for verifying that the ACH debit was properly made and that it was for the correct amount.

This authorization shall remain in full force and effect until the CITY has received a signed, written notification from me that includes my account number to terminate the authorization to afford the CITY and DEPOSITORY a reasonable opportunity to act upon the revocation.

Name: _____

Utility Account Number: _____ Phone Number: _____

Address: _____

Depository Information:

Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Bank Account Number: _____

PLEASE ATTACH A VOIDED CHECK.

By signing this authorization, I verify that I am a legal owner of this account and understand how ACH transfers will be handled to pay my monthly utility bills.

Signature

Date

Printed Name