

CITY OF



WASHINGTON

301 C Street, P.O. Box 296, Washington, KS 66968

**DEBIT AUTHORIZATION AGREEMENT
PREAUTHORIZED PAYMENTS**

Customer Name: _____ Utility Account # _____

Phone Number: _____ Email Address: _____

I (we) hereby authorize the City of Washington, Kansas, to initiate debit entries to my (our) CHECKING account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

FINANCIAL INSTITUTION NAME: _____

BRANCH: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Routing No. _____ Account No. _____

Type of Account: Checking Savings

This authority is to remain in full force and effect until the City of Washington and FINANCIAL INSTITUTION have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Washington and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

SIGNED: _____ DATE: _____

NAME(S) _____
(PLEASE PRINT)

SIGNED: _____ DATE: _____

PLEASE ATTACH VOIDED CHECK