

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.

Customer Name(as it appears on acct) _____

Financial Institution Name: _____

Branch: _____ Address: _____

City: _____ State: _____ Zip: _____

Transit/ABA 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.

PRINT NAME(S) _____

SIGNED: _____ DATE: _____

NAME(S) _____
(PLEASE PRINT)

SIGNED: _____ DATE: _____

PLEASE ATTACH VOIDED CHECK