

**CITY OF**



**WASHINGTON**

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

**DEBIT AUTHORIZATION AGREEMENT PREAUTHORIZED PAYMENTS**

Utility 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 bank acct) \_\_\_\_\_

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

Branch: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA (Routing) No. \_\_\_\_\_ Bank 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 \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

- *If a customer requests to cancel or make a change to an ACH, the customer must notify City of Washington at least ten days prior to the bill due date.*
- *In the event the City of Washington is notified of the death of an ACH account holder, the account will be removed from ACH and notification sent to the address on file that the account is no longer eligible for ACH.*

**PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP**