

CITY OF HAYSVILLE

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

City of Haysville, Kansas ----- Tax ID No. 48-6085168

I (we) hereby authorize the City of Haysville, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and 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.

DEPOSITORY (Financial Institution)

NAME _____

ROUTING NO. _____ ACCOUNT NO. _____

FREQUENCY: Monthly

Date: 15th

(NOTE: If the date for transfer falls on a bank or City holiday, the transfer will be made the following business day.)

Amount transferred will be equal to the balance due on the utility bill.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. To terminate this agreement, a written notice must be given to the COMPANY at least thirty (30) days before the termination date.

NAME _____ DATE _____

(PLEASE PRINT)

SERVICE ADDRESS _____

MAILING ADDRESS (if different than service address) _____

SIGNATURE _____ WATER ACCOUNT NO. _____

Please attach a voided check or deposit slip.