

**Authorization for Preauthorized Payments
for City Utility Bill**

I authorize the City of Atchison to debit my account monthly for the purpose of paying my City utility bill.

Name which appears on utility bill: _____

Phone: _____

Service Address: _____

Utility Account #: _____

Bank Information

Financial Institution: _____

City, State, Zip: _____

Phone: _____

Routing # (1st nine numbers farthest to the left of your checks) _____

*please attach a voided check to verify this number

Account Number: _____

Please check one of the following: Checking _____ Savings _____

I have read the attached terms and conditions, and fully understand them. This authorization will remain in full force until the City of Atchison or myself terminate this agreement by written notification.

Signature

Print Name

Date

Internal Use Only

Date Application Received: _____

Processed By: _____

Include a voided check here

Detach and return portion along with signed authorization form to:

**City of Atchison
515 Kansas Ave
Atchison, KS 66002**

or, scan signed authorization form and voided check and email to:

reaganf@cityofatchison.com

**Automatic Bill Payment
Terms and Conditions**

The following terms and conditions have been set forth and enforced by the City of Atchison Finance Department:

- You, the account holder, will have your monthly utility bill automatically withdrawn from your checking/savings account the day before your bill is due.
- If your withdrawal is returned due to insufficient funds, your account will be charged for the amount of your monthly bill, in addition to a fee of \$6.00 that is nonrefundable.
- The automatic payment authorization may be terminated at any time by the City of Atchison or you, the account holder. The termination must be in writing and submitted 10 days prior to the automatic withdrawal.

These terms and conditions will remain in affect until such notice is given to the account holder or until the account holder terminates automatic payments in writing.