

CITY OF BASEHOR
P. O. Box 406
Basehor, KS 66007-0406

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT
WITHDRAWAL FOR UTILITY PAYMENTS (ACH)**

TO: CITY OF BASEHOR
P. O. Box 406
Basehor, KS 66007

Attach Voided Check
*(Withdrawal will not take effect without
attachment)*

I (we) hereby authorize the City of Basehor to debit entries on the tenth of each month to my (our) account indicated below and the Financial Institution named below to debit same to such account. I (we) acknowledge 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 Code
(Routing/Transit Number)	(Account Number)
	___ Checking ___ Savings (Type of Account)

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

I also understand that if my bank refuses to honor any automatic debit due to insufficient or uncollected funds, or if my account is closed, I will be required to make payment via other means and I may also be subject to additional dishonored check fees that the City of Basehor and my bank may charge.

Signature	Signature
Printed Individual Name	Printed Individual Name
City of Basehor Utility Account Number	Date Agreement Signed