



# City of Basehor

2620 N. 155<sup>th</sup> St – P.O. Box 406, Basehor, KS 66007  
913-724-1370 – Fax 913-724-3388 – cityofbasehor.org

## 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 between the tenth & fifteenth 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	
_____		_____	
Bank Address (Or Location)		City, State, Zip Code	
_____	_____	___ Checking ___ Savings	
(Routing/Transit Number)	(Account Number)	(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	
_____		_____	
Address for ACHA Account		Phone Number	
_____		_____	
City of Basehor Utility Account Number		Date Agreement Signed	