## AUTHORIZATION TO DEBIT ACCOUNT FOR UTILITY BILL

| | | |
|---|---|---|
| **Name:** | | |
| **Mailing Address:** | | |
| **City:** | **State:** | **Zip Code:** |
| **City Account Number(s)** | | |

### 1. AUTHORIZATION

Customer hereby authorizes the City of Leoti ("City") to charge Account No.

| | | | | |
|---|---|---|---|---|
| **Name of Bank:** | | | | |
| **Bank Address:** | | City: | State: | Zip Code: |
| **Account Number:** | | | | |
| **Routing Number:** | | | | |

For all payments due on Customer's above described account(s) with the City until such time Customer provides City with a written notice of cancellation of Customer's authorization pursuant to paragraph three (3). Attach a voided check for information verification.

| | |
|---|---|
| This authorization is effective as of | |

### 2. PAYMENT DUE DATE/INSUFFICIENT FUNDS      Choose:   ☐1st   ☐10th   ☐15th

The payment due date is the first of each month. The payment will be deducted from the account on the 1st, 10th, or 15th day of the month, whichever is indicated by customer. Customer agrees if the Account does not have sufficient funds on the day the City attempts to deduct the payment, the City, in its sole discretion, shall determine whether or not a deduction shall be made. City may attempt, but shall have no further obligation to continue to attempt to deduct the payment amount from the Account. Until such time payment is made, Customer shall be responsible to make such payment and any other payments due on the Account. City may charge its regular $30.00 return check fee to accounts with insufficient funds.

### 3. CANCELLATION

Customer or City may cancel this authorization at any time by delivering a written notice to the other party. In the event Customer desires to cancel this Authorization, Customer shall provide City with a written notice at least five (5) days prior to the next billing cycle, which is the first of each month.

**CUSTOMER ACKNOWLEDGES THAT CUSTOMER HAS READ, UNDERSTANDS, AND AGREES TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION. <u>CUSTOMER ACKNOWLEDGES RECEIPT OF AN EXACT COPY OF THIS AUTHORIZATION.</u>**

| | |
|---|---|
| Customer Authorized Signature: | Date: |

Office: (620) 375-2341
Fax: (620) 375-2416
E-mail: cityofleoti@wbsnet.org
Website: www.leotikansas.org

City Hall
PO Box 7E
406 S 4th ST
Leoti, KS 67861