

**CITY OF GIRARD
120 NORTH OZARK STREET
GIRARD, KS 66743
AUTOMATIC UTILITY DEBIT
AUTHORIZATION AGREEMENT**

NAME (Please Print) _____ TELEPHONE _____

SERVICE ADDRESS _____ GIRARD, KS 66743

CITY UTILITY BILL ACCOUNT NUMBER(S) _____

I hereby authorize the City of Girard to withdraw funds from my account to pay my City utility bill, and further authorize the Depository Financial Institution named below to post the same to the account indicated. This authorization is to remain in force until the City of Girard receives written notice of cancellation from me. A notice of cancellation must be received at least 14 days prior to the date of cancellation and in such a manner as to afford the City of Girard and the Financial Institution named below a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

SIGNATURE

DATE

FINANCIAL INSTITUTION NAME _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

(PLEASE CHECK ONE) * CHECKING _____ SAVINGS _____

*** A DEPOSIT SLIP OR VOIDED CHECK FROM YOUR CHECKING ACCOUNT
MUST BE ATTACHED TO THIS FORM WHEN RETURNED TO CITY OFFICE.**

RETURNED ITEMS: For any returned items (insufficient funds, closed accounts, etc.), a fee of \$30.00 shall result as set by Ordinance 1173, Section 1, 15-108.

NOTE: WITHDRAWALS WILL OCCUR ON THE 3RD WORKING DAY OF EACH MONTH