

UTILITY DEPARTMENT
7651 E Central Park Ave | Bel Aire, KS 67226
(316) 744-2451 ext. 132

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)**

I hereby authorize the City of Bel Aire to initiate debit entries to my Checking Account indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION NAME _____

ROUTING NO. _____ **ACCOUNT NO.** _____

FREQUENCY: Monthly Date: The 5th of every month.

TERMS:

Please allow 30 to 60 days for this plan to work. Your billing statement will show paid by bank, do not pay. Until you receive a bill marked paid by draft please continue to pay your bill as usual. Amount transferred will be equal to the balance due on the utility bill.

This authorization is to remain in full force and effect until the City of Bel Aire has received written notification from me of its termination in such time and in such manner as to afford the City of Bel Aire and Financial Institute named above a reasonable opportunity to act on it. To terminate this agreement, a written notice must be given to the City of Bel Aire at least thirty (30) days before the termination date.

I understand that the City of Bel Aire may cancel my enrollment at any time and shall charge a fee for any unpaid charges in the event that an automatic payment is returned for ANY reason. I also understand that there will be a "ZERO TOLERANCE" policy regarding returned items.

NAME: _____ **DATE** _____

CONTACT PHONE NUMBER _____

SERVICE ADDRESS _____

EMAIL ADDRESS _____

SIGNATURE _____

UTILITY ACCOUNT NO. _____

****PLEASE ATTACH A VOIDED CHECK TO TOP RIGHT OF FORM****