



City of Basehor

1600 N. 158th 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

(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

Address for ACHA Account

Phone Number

City of Basehor Utility Account Number

Date Agreement Signed