



Automatic Utility Debit Authorization Agreement

Financial Institution Name

Branch

Financial Institution Address

City/State/Zip

Bank Routing Number

Bank Account No.

Checking

Savings

City Utility Account Number(s): _____

This authority is to remain in full force and effect until the City of St. Marys, KS, has received written notification of its termination in such time and manner as to afford the City of St. Marys, KS, and the Financial Institution listed above a reasonable opportunity to act on it. **A NEW AUTHORIZATION FORM NEEDS TO BE COMPLETED PRIOR TO MOVING TO A DIFFERENT ADDRESS.** However, the initial enrollment will be in effect as long as the utility account is active. A new form will only be needed to change bank accounts or prior to moving to a new location.

Printed Name

Signature

Date

PLEASE ATTACH A VOIDED CHECK TO THIS FORM