

**AUTHORIZATION FORM
DIRECT DEBIT OF ACCOUNT**

Name _____ Phone Number _____

Service Address _____ Billing Address (if different) _____

Select Primary Account:

Financial Institution _____

Water Account # _____

Checking Account # _____ Routing # _____

Check one of the following: _____ Checking Account _____ Savings Account

A copy of the Bill can be sent to your email. If an email is not provided then one will not be mailed out.

Email Address: _____

COPY OF CHECK MUST BE ATTACHED

Returned Items: \$20.00 fee will be charged for any returned items (insufficient funds, closed accounts, changed account numbers, etc.).

Returned items, insufficient funds and closed accounts will result in disconnect of utility service, if cash is not received by noon the following day. Two insufficient funds on direct debit account will result in cancellation of this agreement.

Dollar amount to be debited per payment period: Varies

Current Schedule Bill Date: Varies Will come out of your account 14 days after bill is emailed.

AUTHORIZATION STATEMENT:

I hereby authorize the City of Concordia and the financial institution above to debit my account electronically. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law. I understand the fee charges and cancellation policy.

Signature

Date

CANCELLATION:

In order to properly cancel this authorization, you must notify us in writing 30 days prior to cancellation.

City of Concordia
Attn: Utility Clerk
PO Box 603
Concordia, KS 66901