CITY OF MARYSVILLE, KS

AUTHORIZATION FOR BANK DRAFT UTILITY PAYMENTS

By completing and submitting this form, I authorize the City of Marysville to debit my account *monthly* for the purpose of paying my City utility bill. I will also submit a voided check from the account below to verify account information.

Name (as it appears on u	tility bill):			
Phone:				
Service Address:				
Utility Account #:				
BANK INFORMATION				
Financial Institution:				
City, State, Zip:				
Phone:				
Routing # (1st nine numb	ers farthest to the left of y	our checks):	
Account Number:				
This account is a:	Checking Account		_ Savings Account:	
	•	-	rstand them. This authoriz this agreement by written n	
Signature		Print N	Name	
Date				
Processed by:				
Cancellation of Authoriza	ation to draft account:			

TAPE A VOIDED CHECK HERE

Return this page along with the authorization form above to:

City of Marysville

209 N 8th St

Marysville, KS 66508

Questions: Please call us at 785-562-5331 or visit us on the web at www.cityofmarysvilleks.com

Automatic Bill Payment

Terms and Conditions

The following terms and conditions have been set forth and enforced by the City of Marysville:

- I, the account holder, will have my monthly utility bill automatically withdrawn from my checking/savings account on the 18th of the month.
- If my withdrawal is returned due to insufficient funds, my account will be charged for the amount of my monthly bill, in addition to a non-refundable fee of \$35.00.
- The automatic payment authorization may be terminated at any time by the City of Marysville or me, the account holder. The termination must be in writing and submitted 10 days prior to the automatic withdrawal.

These terms and conditions will remain in effect until such notice is give to the account holder.