

**CITY OF NORTH KANSAS CITY
ACH DEBIT AUTHORIZATION**

Complete and send by mail to: 2010 Howell, North Kansas City, MO 64116, Attn: Utility Payments, or Fax to (816) 421-5046 or even e-mail it to WaterBillingGroup@nkc.org.
Account must be at a zero balance prior to activation.

Utility Account Holder Name: _____

I (we) hereby authorize the City of North Kansas City, hereinafter called NKC, to initiate debit entries to our checking account indicated below at the depository financial institution named below.

North Kansas City will use City of NKC as its NKC ID.

Your Financial Institution: _____

Routing Number: _____ *Specify transit routing number.*

Bank Account Number: _____ *Specify which account you are authorizing to be debited.*

This authorization is to remain in full force and effect until NKC has received written notification from Account Holder of its termination in such time and in such manner as to afford NKC a reasonable opportunity to act on the notification.

Name(s) on Bank Account: _____

Please list the utility account numbers for which to draw payment:

Name(s) on Utility account (if different than above)	Utility Account Number
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_____	_____
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_____	_____
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_____	_____
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Account(s) listed above must be at a zero balance prior to activation.

Date: _____ Signature: _____

Telephone #: _____

Title (if Company): _____