



ACH DEBIT AUTHORIZATION

Please complete and return to: Utilitybilling@nkc.org
Or by mail to: City Hall, 2010 Howell Street, North Kansas City, MO 64116

Utility Account Holder Name: _____

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

Financial Institution: _____

Routing Number: _____

Bank Account Number: _____

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

This authorization is to remain in full force and effect until City of 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: _____

Service Address:

Account Number:

Signature (include title if signing for a company)

Date

Email address

Telephone #