



City of Atwood
106 s 3rd st
Atwood, KS 67730
Phone: 785-626-9462 fax: 785-626-3041

AUTHORIZATION AGREEMENT (ACH DEBITS)

Name

Utility Account Number

Financial Institution Name

Branch

Financial Institution Address

City/State/Zip

Bank Routing Number

Bank Acct No. Checking

Savings

By signing this form, I hereby authorize The City of Atwood to initiate deductions from my account described above for monthly utility service payment. This authority shall remain in effect until I give written or verbal notice to The City of Atwood.

Signature

Date

Printed Name

Please attach a voided check to this form