



City of Atwood

106 s 3<sup>rd</sup> 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