

AUTHORIZED AGREEMENT FOR PREAUTHORIZED PAYMENTS

CITY OF KIOWA

I (we) hereby authorize the City of Kiowa, hereinafter called **CITY**, to initiate debit entries for payment, **on the 3rd of each month**, and to initiate, if necessary, adjustments for any debit entry in error to my account and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, to debit and/or credit the same to such account.

BANK NAME: _____

Checking/Savings Account # _____ Routing # _____

This authority is to remain in full force and effect until CITY and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT NAME _____ DATE _____

SIGN HERE _____

PRINT NAME _____ DATE _____

SIGN HERE _____

TAPE YOUR VOIDED CHECK HERE

IMPORTANT! CHECK TYPE OF ACCOUNT (____)CHECKING (____) SAVINGS

Please return completed form to: City of Kiowa, PO Box 228, Kiowa, KS 67070

For questions, please call 1-620-825-4127.