

City of Excelsior Springs Automatic Bank Draft Authorization Form

<p>What is Automatic Bank Drafting? Automatic Bank Drafting allows you to pay your bills automatically by having payments withdrawn directly from your checking or savings account. You save time by not having to write checks for your bills. You save money on postage and bill paying supplies. You no longer have to worry about your payments being lost or about not being able to pay your bills while you are out of town.</p>	<p>Enrollment is easy! Simply complete the authorization form (see below) and mail it in along with a voided check to ensure accurate processing.</p> <p>How Automatic Bank Draft Works You will still see your bills before they are paid. The City will send you a statement by mail before your bill is due. You will know the exact amount and the exact date your payment will be deducted from your account.</p> <p>If you have questions regarding your bill, you will have ample time to call the City and resolve your concerns.</p>
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TERMS AND CONDITIONS OF AUTHORIZATION

<p>1. Authorization Complete this Authorization Agreement for the automatic bill payment program. NOTE: to ensure accurate processing, please enclose a voided check with each authorization agreement.</p>	<p>2. Revocation This authority is to remain in effect until revoked by the customer, City, or financial institution. Customer must notify the City to discontinue the automated payment service.</p>	<p>3. Stop Payment The customer has the right to stop payment of a charge by notifying his/her financial institution in accordance with that financial institution's guidelines.</p>
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AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

Fill out (*PLEASE PRINT*) and mail this form along with a voided check to:

CITY OF EXCELSIOR
SPRINGS

For additional information call: (816) 630-0760

FINANCE DEPARTMENT
201 EAST BROADWAY
EXCELSIOR SPRINGS, MO
64024

Name: _____
(As it appears on your bill)

Street Address: _____

City/State/Zip: _____ Phone: _____

Customer Account Number: _____
(As shown on your bill)

CHECKING SAVINGS

Financial Institution: _____ City: _____

Routing #: _____ Account #: _____

I authorize the City of Excelsior Springs to charge my checking or savings account monthly in the amount of my monthly utility bill and to make the deduction payable to the City of Excelsior Springs. In making this authorization, I agree to all the Terms and Conditions of Authorization.

Signature: _____ Date: _____