



CITY OF NORTH KANSAS CITY ACH DEBIT AUTHORIZATION

Complete and mail to: 2010 Howell, NKC, MO 64116, Attn: Utility Payments or e-mail to srenevier@nkc.org.

Account Holder Name: _____

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

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

Your Financial Institution: _____

Routing Number: _____ *Specify transit routing number.*

Bank Account Number: _____ *Specify which account you are authorizing to be debited.*

This authorization is to remain in full force and effect until 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.

Bank Account Holder Name: _____

Please list the utility account numbers for which to draw payment:

Name on Utility account (if different from holder)	Utility Account Number
_____	_____
_____	_____
_____	_____

Date: _____ Signature: _____

Title (if Company): _____

Telephone #: _____