



AUTHORIZATION TO PAY WATER BILL

PO Box 519
419 N Broadway
Abilene, KS 67410
(785) 263-2550 (v)
(785) 263-2552 (f)

I hereby authorize the Financial Institution named below to pay my monthly water bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge, by notifying the Water Department seven days prior to the due date on my bill. I understand however, that both the financial institution and the City of Abilene Water Department, and reserve the right to terminate this payment plan (or my participation therein) due to poor credit history with the City of Abilene.

Name Phone Number

Address

Customer Account Number (As shown on your water bill)

Bank Routing Number (ABA)

Bank's City/State Bank's Name

Checking Account Number

Savings Account Number

I authorize you to pay and to change my checking/savings account the amount of my monthly bill and to make that deduction payable to the City of Abilene. In making this authorization, I agree to all the terms at the top of this authorization. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Date Signature: _____

(PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM)
If no check or deposit slip is available, an employee of your bank must sign to verify your account.

Date Bank Representative Signature: _____