CITY ADMINISTRATION CENTER
317 South Washington
Wellington, Kansas 67152

AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

CITY OF WELLINGTON

COMPANY ID NUMBER _____

I (we) hereby authorize the City of Wellington, hereinafter called COMPANY, to initiate debit entries to my (our) Checking ☐ Savings ☐ account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME _____ *BRANCH* _____

CITY _____ *STATE* _____ *ZIP* _____

ROUTING NUMBER _____ *ACCOUNT NUMBER* _____

****

NAME(S) _____ *UTILITY ACCOUNT #* _____
(Please Print)

NAME(S) _____
(Please Print)

DATE _____ *SIGNED* _____

SIGNED _____

If more than one name on the account both must sign above.

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

REQUIRED: ATTACH A DEPOSIT SLIP OR VOIDED CHECK FOR THE BANK ACCOUNT LISTED ABOVE