AUTHORIZED AGREEMENT FOR

DIRECT PAYMENTS (ACH DEBITS)

FOR UTILITY BILL

 City Administration Center

 Utility Billing Office

 317 S. Washington

 Wellington, Ks. 67152

CITY OF WELLINGTON Company

 ID Number: 48-6006451

I (we) hereby authorize the City of Wellington, hereinafter called COMPANY, to initiate debit entries to my (our)

Select One: Checking □ Savings □

account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Please attach a deposit slip or voided check for the account indicated and listed below.

Depository

Name: Branch:

City: State: Zip:

Routing Account

Number: Number:

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

 Utility

 Account

Name/s: No:

 (Please Print)

 (Please Print)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Date: Signature:

 Signature: