AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

CITY OF ROSE HILL
P.O. BOX 185
125 W. ROSEWOOD
ROSE HILL, KS 67133

RE: ACH AUTHORIZATION RECURRING CHARGES

In consideration of the goods, products and/or services provided to me by MERCHANT, as listed above, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name:

_____

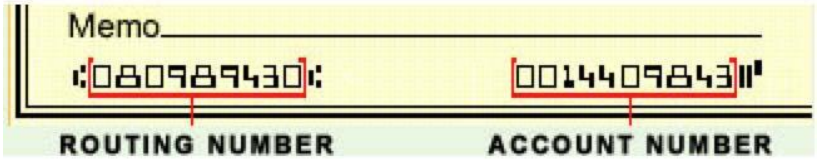
Branch (City, State, Zip):

_____

Account Number: _____ Routing Number: _____

[ ] Checking [ ] Savings

How to find your Routing and Account Numbers



- **This character appears before and after the 9-digit ABA Routing number in the MICR line.**
- **This character appears after the checking account number.**

The check number appears bother in the MICR line and in the upper right-hand portion of your check.

Please use the check number from the next check in your checkbook for your payment. Then write 'VOID' across this check in your checkbook and enter this payment into your check register for your records.

Amount: $_____

Frequency: Monthly, Weekly, or Annual basis Effective Date: _____ / _____ / _____ (mm/dd/yyyy)

The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above. **I acknowledge receipt of the WATER/SEWER BILL AUTOMATIC DEBIT PAYMENT PROCEDURES form.**

Name: _____ Address of Service: _____
(Please Print)

Date: _____ Signature: _____