



125 W. Rosewood - P.O. Box 185  
 Rose Hill, KS 67133  
 Phone: 316) 776-2712  
 Fax: (316) 776-2769

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account. The City of Rose Hill will send you a statement (mailed on the 1<sup>st</sup> of each month) with your monthly charges. The bill will state "PAID BY DRAFT" and the amount listed will be deducted from your account on the 15<sup>th</sup> of the month (unless the 15<sup>th</sup> falls on a weekend, in which case it will be deducted the following business day).

**Please complete the information below:**

I \_\_\_\_\_ authorize the City of Rose Hill to charge my checking or savings account as listed below, on the 15<sup>th</sup> day of each month for payment of my utility bill.

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Checking/Savings Account**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct:	_____
Bank Name:	_____
Bank City/State:	_____
Bank Routing #:	_____
Account Number:	_____
23454321	0123454321
Routing Number	Account Number

**SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The City of Rose Hill in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that The City of Rose Hill may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.