

# CITY OF BRONSON

P. O. BOX 54  
BRONSON, KANSAS 66701  
620-939-4578

## Utility ACH Bank Draft Authorization Form

Please attach a copy of a voided check or deposit slip

Date: \_\_\_\_\_ Utility Account # \_\_\_\_\_

Name as it appears on the Utility Account: \_\_\_\_\_

Address of Utilities: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

\_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Account type: Checking \_\_\_\_ Savings \_\_\_\_

Customer Email address (optional): \_\_\_\_\_

I authorize the City of Bronson to draft my account in order to make the monthly payment for City of Bronson Utility Services Account # \_\_\_\_\_. Payment amount may vary from month to month depending on usage. This authorization will remain in effect until revoked by me, my financial institution, or the City of Bronson.

The City of Bronson will continue to send a monthly billing statement. This statement will show exact amount that will be deducted from the account on the DUE DATE indicated on the billing statement.

I understand that if funds are not available in my account, or the payment is rejected by my banking institution, that I may be charged a penalty and may be charged a service fee same as an insufficient check (\$30.00). Should the utility account become delinquent, the service is subject to disconnect. Additional fees are required to reconnect service.

This service is offered as a convenience to City Utility Customers; therefore, I agree to hold the City of Bronson harmless for action regarding this automatic draft.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Cancellation of Authorization to Draft Account:

Signature \_\_\_\_\_ Date \_\_\_\_\_

City Official: \_\_\_\_\_ Date \_\_\_\_\_