

Authorization for Direct Payment via ACH
(ACH Debit)

I hereby authorize the City of Highland, Kansas, to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) on or about the first week of each month for all amounts due for city water and sewer service as follows:

Checking Account / Savings Account (circle one) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Routing Number _____ Account Number _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Highland, Kansas, (City Clerk, 220 West Main Street, P.O. Box 387, Highland, KS 66035) in writing that I (we) wish to revoke this authorization. I (we) understand that the City of Highland requires at least seven (7) days prior notice in order to cancel this authorization.

If no funds or insufficient funds on deposit with the depository at time of ACH presentation, the City of Highland, Kansas insufficient fund collection procedures will be followed.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____

Date _____ Signature(s) _____

(Attach a copy of check or deposit slip **and** copy of driver's license)