AUTHORIZATION FOR AUTOMATIC BILL PAY
CITY OF COFFEYVILE, KANSAS

_____

Name as it appears on utility bill Please print

_____

Address

_____

City, State & Zip Phone

_____

Customer Account Number as shown on bill

_____

Financial Institution City, State & Zip

Check one: _____Checking Account _____Savings Account Account Number _____

Terms and Conditions of Authorization

1. AUTHORIZATION: Review the Authorization Agreement of call the Customer Service office for details. The payment shall be the same as if it were an instrument personally signed by you.

2. REVOCATION: This authority is to remain in effect until revoked by either the customer, the City or financial institution. Customer must notify the Customer Service Office to discontinue automatic bill payment service. If revoked, customer cannot participate in the automatic bill payment plan again for six months.

3. STOP PAYMENT: You have the right to stop payment of a charge by timely notification to your financial institution prior to charging of your account.

4. NOTE: Two stop payments or two returned checks for insufficient funds will immediately give the City the option of revoking the automatic bill payment program.

PLEASE RETURN A VOIDED CHECK WITH THIS FORM TO ENSURE ACCURATE PROCESSING.

I authorize you to charge my checking/savings account monthly in the amount of my monthly bill and to make that deduction payable to City of Coffeyville. In making this authorization, I agree to all the Terms and Conditions of Authorization. I understand I may cancel this authorization by notifying the City of Coffeyville, Customer Service office, to remove my account from the A. B. P. Program.

Signature _____ Date_____

Return with a voided check to:
Customer Service Department
P. O. Box 1629
Coffeyville, KS 67337