

CITY A/C # \_\_\_\_\_

**CITY OF INMAN**

**AUTHORIZATION AGREEMENT  
(ACH Debits)**

104 N. Main  
Inman, KS 67546

I (we) hereby authorize **City of Inman**, hereinafter called COMPANY, to initiate debt entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City-State-Zip)

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

**Transfer Date:** 5<sup>th</sup> or next business day

Effective Date: \_\_\_\_\_

Frequency: monthly

Termination Date: \_\_\_\_\_

**Amount of Payment** \$ Varies

**City of Inman** and/or Financial Institution indicated reserve the right to end this transfer plan and my participation in it.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination/change in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **Changes or terminations must be made by the 15<sup>th</sup> of the month prior to the effected bill.**

Name(s) \_\_\_\_\_

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

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**

\*\*\*IF AN ACH PAYMENT IS RETURNED TO THE CITY'S BANK FOR ANY REASON, THE ACH AGREEMENT WILL BE TERMINATED BY THE CITY and a \$30 CITY FEE AND ANY BANK CHARGES WILL BE ASSESSED\*\*\*