CITY OF CANTON
100 South Main, P.O. Box 476
Canton, Kansas 67428
(620) 628-4916

ACH Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings 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 ACH Payments Work:
You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on your monthly billing statement that is mailed to you by regular postal service each month.

Please complete the information below:

I _____ authorize City of Canton to charge my bank account
         (full name)

indicated below on the <mark>5th of each month</mark> for payment of my utility bill.

Billing Address _____   Phone#

         _____

City, State, Zip _____   Billing Account #

_____

Account Type (Choose one): Checking Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

SIGNATURE _____   DATE _____
  _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify City of Canton in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Canton may at its discretion attempt to process the charge again immediately, 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 agree not to dispute this with my bank so long as the transactions correspond to the terms indicated in this authorization form.