

City of McLouth – Utility Department

110 N. Union Street

McLouth, KS 66054

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Authorization Agreement for Preauthorized Payments

Consumer Name (s) _____

I (we) hereby authorize THE CITY OF MCLOUTH, hereinafter called Company, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____

Branch _____

City _____ St _____ Zip _____

Transit/ABA No _____ Account No. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Consumer Name (s) _____ Date _____
(Please Print)

Signed _____ Signed _____

PLEASE ATTACH VOIDED CHECK