

**CITY OF KERKHOVEN  
AUTHORIZATION FOR DIRECT PAYMENT**

I/We hereby authorize the City of Kerkhoven to initiate entries to my/our checking/savings account for the purpose of making my/our utility payments owed to the city. I/We also authorize the City of Kerkhoven to make credits to this account in the event that a withdrawal was made in error. The payments will be made on the 20<sup>th</sup> day of each month (or the next available business day). I/We will have funds available for this transaction and understand there may be a fee for payments returned NSF. This authority will remain in effect until I/we notify you in writing to cancel it in such time as to afford the city a reasonable opportunity to act on it.

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(NAME OF FINANCIAL INSTITUTION)

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(CITY)

(STATE)

(ZIP CODE)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(Between these symbols : : on the bottom left of your check)

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BANK ACCOUNT NAME – PLEASE PRINT

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Utility Account

Effective Date

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(SIGNATURE)

(DATE)

**ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE**