



**City of Downs**  
**ACH Authorization**  
715 Railroad Street, Downs, KS 67437  
(785) 454-6622; fax (785) 454-6246  
[cityclerk@cityofdowns.com](mailto:cityclerk@cityofdowns.com)

Office Use Only:  
Date Received \_\_\_\_\_  
Account # \_\_\_\_\_  
Date Entered \_\_\_\_\_

By completing this form, your bill will be paid automatically from your bank account around the 10th of the month. You will still receive a billing notice indicating the amount that will be deducted from your account and "Paid at Bank" will be shown. If you have any questions, please let us know.

**AUTOMATIC PAYMENT AUTHORIZATION**

I hereby authorize the **City of Downs** to initiate debit entries to my account indicated below and the Financial Institution named below to debit the same to such account for water/sewer. I acknowledge that the origination of **ACH transactions** to my account must comply with the provisions of U.S. Law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

OR

Credit/Debit Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_\_

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

**PLEASE ATTACH COPY OF  
VOIDED CHECK OR DEPOSIT  
SLIP TO THIS FORM!**

Terms and Conditions: I understand and agree that all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to the City of Downs at least 10 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), a return item charge of \$35 will be assessed for each returned ACH debit. I further understand and agree that a \$10 late charge will be assessed if the amount due is not received in good and collected funds by the 15<sup>th</sup> of the month.