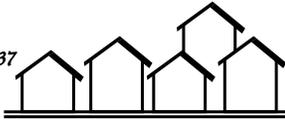


CITY of ROSSVILLE

founded in 1871

"Come Grow With Us!"

City Hall
438 Main • P.O. Box 337
Rossville, KS 66533
785-584-6155



Fax: 785-584-6667
Local Community TV-Ch. 29

Visit us at:
www.rossvillekansas.us

CITY OF ROSSVILLE AUTHORIZATION TO DRAFT ACCOUNT

I, _____, residing at _____

authorize the City of Rossville to draft my (Savings/Checking) Account No. _____

in order to make the monthly payment of my ROSSVILLE MUNICIPAL WATER SERVICE Utility Bill. Payment amount may vary from month to month depending on usage. (This authorization will remain in effect until revoked by you, your financial institution, or the City of Rossville.)

The City of Rossville will continue to send you a monthly billing statement. This statement can act as your receipt of payment, showing the exact amount that will be deducted from your account on the DUE DATE indicated on the billing statement.

I understand that if funds are not available in my account, or the payment is rejected by my banking institution, that I may be:

Charged a penalty,

Be charged a service fee same as an insufficient check,

Be required to pay by cash or money order for the next 12 months, and

ACH Collections shall be discontinued for the next 12 months.

(Should your account become delinquent, your service is subject to disconnect. Additional fees are required to reconnect service.)

This service is offered as a convenience to City Utility Customers; therefore, I agree to hold the City of Rossville harmless for action regarding this automatic draft.

Signature _____ Date _____

(Must be submitted with voided check showing Name, Address, Routing # of Bank & Account #)

Cancellation of Authorization to Draft Account:

Signature _____ Date _____

FOR OFFICE USE ONLY

Rossville Municipal Water Account Number _____

Added to Water Program _____

ACH Set-up with Bank _____