

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

I/we hereby authorize the City of Parkville to electronically debit my/our account and if necessary to electronically credit my/our account to correct erroneous debits. I agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

Checking Accoun	nt	Savings Account
Name(s) as it appears on Bank Accou	ınt	
Financial Institution		
Routing Number		
Account Number		
customers). This amount is recalculated	ted each May. (Please	
		ach month. Should the 21 st fall on a Saturday, t banking business day. (Please initial)
Parkville Utility Billing Department is understand that the City of Parkville r		sprior notification to cancel this authorization.
Date	Utility Ac	count Number
Name (s) Please Print		Date of Birth
Signature (s)		
Phone #		

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Date Entered (Office Us	e)