



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

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct payment via ACH is the transfer of funds from a consumer's account for the purpose of making a payment.

I/We hereby authorize The City of Parkville, MO to electronically debit my/our account and, if necessary to electronically credit my/our account to correct erroneous debits as follows:

Checking Account

Savings Account

At the depository financial institution named below. I/We agree that ACH transactions I/we authorize comply with all applicable laws.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name (s) on the Account \_\_\_\_\_

Amount of debit(s) or method of determining the amount(s)

\_\_\_\_\_ Specified amount of \$ \_\_\_\_\_ /Month
\_\_\_\_\_ Amount of my monthly sewer bill which will be recalculated every Spring and the new amount will be reflected in my April Billing Cycle.

\_\_\_\_\_ All debits will be processed on the 21st of every month. Should the 21st fall on a Saturday, Sunday or Banking Holiday it will be on the next Banking business day. (Please initial)

I/WE understand that this authorization will remain in full force and effect until I/We notify Parkville City Hall Utility Billing Department in writing that I/WE wish to revoke this authorization. I/We understand that Parkville City Hall Utility Billing Department requires at least 7 days prior notice to cancel this authorization.

\_\_\_\_\_  
Name(s) Please Print

\_\_\_\_\_  
Signature(s)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM