Authorization Agreement for Pre-Authorized Payments

Company Name: City of Kent **Utility Account Number:** ___ ___ ___ - ___ ___ ___ ___ ___ ___ - ___ ___

I/we hereby authorize City of Kent, hereinafter called COMPANY, to initiate debits to my/our checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Instructions for completing this form:

1. Bank Name: Bank's name as it appears on YOUR checking account
2. Branch: The name of YOUR bank branch
3. City, State and ZIP: Of YOUR branch
4. Bank ID Number: This may be obtained from YOUR check (bottom left) or from your bank
5. Account Number: This is YOUR bank account number
6. Name: Your name/names as appears on YOUR checking account
7. Please write VOID across your check
8. Mail request to: City of Kent Customer Services, 220 4th Ave. S., Kent, WA 98032-5895

1. Bank Name:_____ 2. Branch:_____

3. City:_____ State:_____ Zip:_____

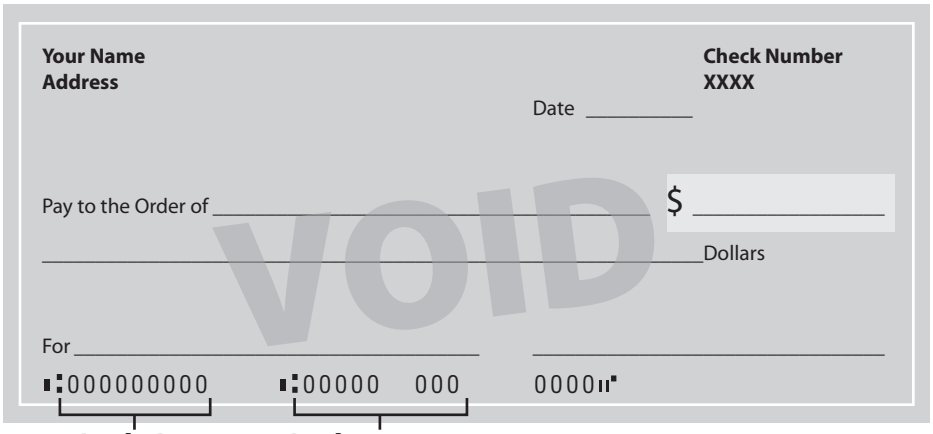
4. | | | | | | | | | |

Bank ID No.

5. | | | | | | | | | | | | | | | | | |

Bank Account No.

Attach Voided Check Here:



Note: You may have more or less numbers than sample shows.

The authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

6. Name(s) _____ _____

Date:_____ Signed: _____ Signed: _____

Day Telephone Number:_____

Property Address: _____

Your account will be canceled upon notification from the bank for non-sufficient funds or closed account and a $25.00 service charge will be added to your account.

For City's Use:

Beginning Billing Date:_____ Entered by:_____

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