

**CITY OF LAKIN**  
PO BOX 148  
LAKIN, KANSAS 67860  
(620) 355-6252 PHONE  
(620) 355-6052 FAX

**DEBIT AUTHORIZATION FORM TO PAY UTILITY BILL**

UTILITY CUSTOMER ACCOUNT NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

TYPE OF ACCOUNT:

CHECKING      ACCOUNT NUMBER: \_\_\_\_\_

SAVINGS      ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

I (we) hereby authorize The City of Lakin to initiate monthly debits, beginning next month on the tenth day and continuing each month on the tenth day thereafter, for payment of my utility service bill and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both The City of Lakin and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_