MEDICINE LODGE

City of Medicine Lodge
114 W. First Ave
Telephone: (620)886-3908
Fax: (620) 886-3900

Authorization Agreement for Automatic Bank Debits (ACH)

Complete the ACH authorization agreement form below to enroll in the automatic bank draft payment option.

This application must be returned to our office with a VOIDED check. Once activated, your bill statement will display the message "Do Not Pay". The actual withdrawal from your bank account will occur on the 9th of the month.

Withdrawal

You may withdraw from the ACH payment option in writing. Withdrawal from the ACH payment option will occur after the current utility bill has been processed by your financial institution.

Change of Banking Accounts

You may change bank accounts by providing a VOIDED check from the new bank account once the current utility bill has been processed by your financial institution.

Non Sufficient Funds

ACH payments returned for insufficient funds will be automatically inactivated from the ACH payment option and assessed a $35.00 fee. The account holder may not re-enroll for one year.

ENROLL_____ WITHDRAW_____ CHANGE BANK ACCOUNT_____
Please Check One

Name on account _____

Checking_____ Savings_____

Name of Bank and address_____

Bank Account #_____

ABA / Route #_____

I authorize the City of Medicine Lodge to initiate debit entries for payment of my utility bill each month from the bank account at the financial institution named above.

This authority is to remain in force and effect until the City of Medicine Lodge has received written notification from me of its termination in such time and manner as to afford the City of Medicine Lodge and the financial institution a reasonable opportunity to act upon it.

SIGNATURE_____ DATE_____
FORM MUST BE SIGNED AND A VOIDED CHECK MUST BE ATTACHED TO ENROLL OR CHANGE BANK ACCOUNTS