

CITY OF EDWARDSVILLE



690 S. 4th St.
P.O. Box 13738
Edwardsville, KS 66113
(913) 356-6000
Fax (913) 441-3805

Authorization Agreement for Direct Payments (ACHA)

Availability of Funds: You are responsible for having sufficient funds in the indicated account on the payment date. You will be charged should your payment be returned due to insufficient funds or stop payment requests. Your automatic debit service may be canceled if you miss a payment.

Payment Date: Appropriate funds will be transferred from your account as you have designated on the form below. If a payment is due on a holiday or weekend, your account will be debited on the next business day.

Termination: This authorization will remain in effect until we receive a written notice from you 14 days prior to the cancellation date or until your service has been terminated and your account is paid in full.

Account and Address Change: Please notify us of any account or address changes to ensure timely payments. You are responsible for submitting a new authorization form when a change occurs.

Name		Account number	
Service Address			
Mailing Address (if different)			
Phone Number		Email	
Financial Institution Name		Type of Account	
Account Number		Routing Number	

I authorize The City of Edwardsville to charge the above account on the day my bill or payment arrangement is due.

Signature: _____ **Date:** _____

Please return the completed form to Edwardsville City Hall. Business hours are 8:00 a.m. - 5:00 p.m. Monday - Friday. Forms can be dropped off in person or mailed to the following address:
City of Edwardsville
Attn: Utility Billing
P.O. Box 13738
Edwardsville, KS 66113

If you have any questions, please contact Elizabeth Leir at (913) 356-6000 Ext. 1.