

CITY OF MERIDEN
103 E. MAIN STREET
P.O. BOX 262
MERIDEN, KS 66512

PH (785)484-3450

FAX (785)484-3707

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I (we) hereby authorize the City of Meriden in Jefferson County, Kansas, hereinafter referred to as ORIGINATOR, to initiate debit entries to the deposit account indicated below and the depository bank, Denison State Bank, hereinafter called DEPOSITORY, debit the same to such account. Such payments will be debited on the 15th day of each month or if the 15th falls on a non-business day, payments will be debited on the next business day.

If my financial institution should return any such electronic debits(s) as Non-Sufficient Funds (NSF), I authorize ORIGINATOR to collect a \$30.00 return item fee. I further understand that if my financial institution with a twelve-month period returns two or more electronic debits, the ORIGINATOR has the right to refuse payment via electronic funds transfer, and this agreement will be suspended for a period of twelve months.

This authorization is to remain in effective until ORIGINATOR and DEPOSITORY receive written notification of termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY reasonable opportunity to act on it.

Name(s): _____

Service Address: _____

Mailing Address (if different than above): _____

City, State, Zip: _____ Home Phone: (____) _____

Name of Financial Institution: _____ Account No. _____

9 Digit Routing Number: _____ Date: _____

**PLEASE ATTACH
VOIDED CHECK HERE**

(NO CARBON COPIES OR DEPOSIT TICKETS, PLEASE)

To be filled out by City Office:

Sewer/Trash Account #: _____

BUC #: _____

Date Received: _____

First ACH Date: _____