



Utility Billing Department
 620-694-2621
 Hours: Monday - Friday 8am - 5pm
 www.hutchgov.com

125 East Avenue B PO BOX 1567 Hutchinson Kansas 67504-1567

Authorization Agreement for Automated Bill Payment

I hereby authorize City of Hutchinson, hereinafter called CITY, to charge my **checking account** at the depository financial institution named below, hereinafter called DEPOSITORY.

This authorization is to remain in full force and effect until CITY has received written notification from me of its termination to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Billing Account Number _____

Address _____ State _____ Zip _____

Phone Number _____

Bank Depository

Name _____

City _____ State _____ Zip _____

Routing Number _____ Bank Account Number _____

Please include a voided check

 Signature _____ Date _____

You may revoke this authorization only by giving the CITY written notice containing your name and billing account number and addressed to:

*City of Hutchinson Utility Billing
 PO Box 1567
 Hutchinson Ks 67504-1567*