



# CITY OF KINGMAN

## Bank Draft Authorization Agreement

### Your Customer Information

**Billing Info.** Names(s) (please print) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

### Your City Account

Utility Account Number \_\_\_\_\_  
Utility Service Address \_\_\_\_\_

### Your Bank Account

**Bank Account Number** \_\_\_\_\_  
 Checking Account \_\_\_\_\_

**ATTACH A VOIDED CHECK**

Savings Account \_\_\_\_\_

**Your Bank Info.** Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Branch Telephone No. \_\_\_\_\_  
Routing Number \_\_\_\_\_ *If unknown, call your bank for the number*

### Customer Authorization

I hereby authorize The City of Kingman (COK) to initiate debit/credit entries to my bank account as shown above until revoked by me in writing to City of Kingman, c/o Customer Service, 310 N 4<sup>th</sup> Street, Kingman, AZ 86401. I understand that I must contact COK concerning bill discrepancies **3 days prior** to the scheduled draft date. COK will have 30 days to change my billing.

I understand COK reserves the right to terminate my participation in Bank Drafting. I understand that COK may impose a nominal processing fee, as set forth in the utility regulations for returned checks, if a bill is not paid by my financial institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

UT-01, 01/29/18

**Bank Drafting requires a 1-2 cycle pre-note. Please pay all amounts due until statement reads "Bank Draft"**

**PLEASE RETURN THIS SIGNED AGREEMENT AND VOIDED CHECK TO  
CITY OF KINGMAN c/o Customer Service, 310 N 4<sup>th</sup> Street, Kingman AZ, 86401.  
Or via FAX at 928-718-2576**