



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 4th 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 4th Street, Kingman AZ, 86401.
FAX at 928-718-2576 or EMAIL to**