



### Authorization Agreement for Direct Payment

Please provide a voided check

I (We) hereby authorize the City of Frontenac to initiate debit entries to my (our) \_\_Checking or \_\_Savings account indicated below and the depository named below, hereinafter called Depository, to debit same to such account.

Depository Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_

Account No. \_\_\_\_\_

This authority is to remain in full force and effect until the City of Frontenac and the Depository have received written notification from me of its termination in such time and in such manner as to afford the City of Frontenac and the Depository the reasonable opportunity to act on it.

Name \_\_\_\_\_

Signed \_\_\_\_\_

Account # \_\_\_\_\_

Date \_\_\_\_\_

Please return form and a voided check to Frontenac City Hall 315 E McKay Frontenac, KS 66763. Any questions please call city hall at 231-9210