

The City of  
**ANDOVER**  
in Butler County

1609 Central, P.O. Box 295  
Andover, Kansas 67002

Phone (316) 733-1303  
Fax (316) 733-4634

Dear Wastewater Customer,

We are pleased to be able to offer you the ability to pay your City of Andover Utility bill automatically through your bank. Simply fill out the following agreement and mail it with your next payment. Your next monthly billing will be deducted from your bank account on the 15<sup>th</sup> of the following month. Each monthly billing, thereafter, will be paid on the 15<sup>th</sup> of the month following the end of the previous month.

If you have any questions or concerns, please call Julie at 733-1303 extension 415.

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Sewer Account Number

I authorize The City of Andover to initiate debt entries on my checking/savings account and the names indicated below to post wastewater payments to such account.

\_\_\_\_\_  
Customer's Bank Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Payment Amount

\_\_\_\_\_  
Entry Start Date

**Disclosure**

This authority is to remain in full force and effect until The City of Andover had received written notification from me 30 days prior to termination and in such a manner as to afford The City of Andover a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

Payment amount is subject to change upon notification by The City of Andover. I have the right to stop payment of any entry by notification to the bank prior to posting to the account.

The undersigned thereby agrees that all entries initiated hereunder are to be governed in all respects by the rules of NACHA, and will comply with the provisions of U.S. Law as now or hereafter in effect and agrees to be bound thereby.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
email address (optional)