



AUTHORIZATION CREDIT/DEBIT CARD UTILITY BILL PAYMENTS

I hereby authorize the City of Kingman, Kansas, hereinafter called CITY, to initiate debits/charges on my credit/debit card listed below in the amount of my monthly utility bill with the CITY. I understand that these charges will normally occur on or about the 10th day of each month, or the first day thereafter should the 10th day of the month fall on a holiday or weekend. I also authorize the CITY to initiate credits and adjustments to my account for any errors that may occur in the handling of this authorization. I understand that I am responsible for verifying that the credit/debit card was properly made and that it was for the correct amount.

This authorization shall remain in full force and effect until the CITY has received a signed, written notification from me that includes my account number to terminate the authorization to afford the CITY a reasonable opportunity to act upon the revocation.

Customer Name: _____

Utility Account Number: _____ Phone Number: _____

Service Address: _____

Credit/Debit Card

Information Name on Card: _____

Card Billing Address: _____

Card Number: _____ Expiration Date: _____ CVV: _____

PLEASE ATTACH A COPY OF BOTH SIDES OF THE CARD.

By signing this authorization, I verify that I am a legal owner of this account and understand how debit/credit card payments will be handled to pay my monthly utility bills. I also consent that if signed electronically my signature on this document is valid as if I signed the document in writing.

Signature

Date

Printed Name