



City of Saint George, KS

220 First Street | P.O. Box 33 | Saint George, KS 66535
785.494.2558 | 785.494.8413 | stgeorge@wtcks.net

Account
Number:

DIRECT PAYMENT ENROLLMENT REQUEST FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH)

Automatic Debit Account Information:

Select One: _____ Checking _____ Savings

Bank Name: _____

Address: _____

Account Number: _____

Routing Number: _____

- Please include a voided check or deposit ticket with this completed form.

I hereby authorize the City of St. George to initiate debit entries. This authorization will remain in effect until I have filed new authorization, or until this authorization is revoked by me in writing.

_____	_____	_____
First Name	Middle Initial	Last Name

_____	_____	_____	_____
Address	City	State	Zip

Daytime Phone Number

_____	_____
Signature	Date

This form is to be retained by the City as a matter of record. Please retain a copy for your records.