

CITY OF BAZINE

P.O. BOX 43

BAZINE, KANSAS 67516

785-398-2495

785-398-1260 (Cell)

REQUEST FOR AUTO PAY (Complete Information for either payment method 1 or 2)

CUSTOMER NAME: _____

ACCOUNT # _____ PHONE # _____

SERVICE ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

DATE TO AUTOPAY IF OTHER THAN 14TH OF MONTH _____

1. CREDIT/DEBIT CARD INFORMATION

VISA MASTERCARD DISCOVER (Circle One)

CARD # _____

EXPIRES _____

CVV _____

NAME ON CARD _____

2. E-CHECK INFORMATION

NAME ON ACCOUNT _____

ACCOUNT # _____

ROUTING # _____

BANK NAME _____

CHECKING SAVINGS (Circle One)

I authorize City of Bazine to Automatically Withdraw the amount for my water bill from the above credit/debit card or Bank account. This authorization is valid until terminated by written notice to City of Bazine. I understand that there is a 2.5% fee added for credit/debit card or \$1.50 fee for E-check.

Signature of Card/Bank Account Holder

Date