

**CITY OF KENAI  
DIRECT PAYMENT  
AUTHORIZATION AGREEMENT**

Customer Name(s) \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Water/Sewer Account No. \_\_\_\_\_

*The amount deducted will be reflected on your monthly water/sewer billing.*

I (we) hereby authorize the City of Kenai, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository/Bank Name \_\_\_\_\_

Transit/Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY A REASONABLE OPPORTUNITY TO ACT. I (either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at least 3 days prior to my (our) next payment. In case of an erroneous debit, provided I (we) supply notice to DEPOSITORY within 60 days of receiving my (our) account statement, the DEPOSITORY must investigate and resolve the error within 45 days, but if it has not done so within 10 days, my (our) account will be recredited for the amount in question while it finishes the investigation.

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM FOR THE ABOVE-REFERENCED BANK ACCOUNT. YOUR REQUEST *WILL NOT* BE PROCESSED WITHOUT THIS VOIDED CHECK. CHECKS ONLY PLEASE. DEPOSIT SLIPS ARE NOT ACCEPTED.**

Return to City of Kenai Finance Department, 210 Fidalgo, Kenai, AK 99611 or  
fax to 907-283-3014.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Accounting Use Only: