

# CITY OF BAZINE

P.O. BOX 43  
BAZINE, KANSAS 67516  
785-398-2495  
785-398-1260 (Cell)

REQUEST FOR AUTO PAY

CUSTOMER NAME: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT/DEBIT CARD INFORMATION

VISA MASTERCARD DISCOVER (Circle One)

CARD # \_\_\_\_\_

EXPIRES \_\_\_\_\_

CVV \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

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.

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Date