City Clerk's Office 509 5th Street PO Box 37 Osawatomie, Kansas 66064 (913) 755 - 2146 cityclerk@osawatomieks.org



City Hall 439 Main Street PO Box 37 Osawatomie, Kansas 66064 (913) 755 - 2146 info@osawatomieks.org

ACH PAYMENT FORM

Name on Utility Bill:	
Address with Utilities:	
Phone #:	
Checking Account: Savings Account: (Please check one)	
Name of Bank:	
Account #:	
I would like to have my monthly utility bill deducted from my account and understand t 14 th of every month, unless the 14 th falls on a weekend. Should the funds not be availa the City, I realize I am subject to a return fee of \$30.00 plus the amount of the bill that twice in one year, I voluntarily opt to discontinue the automatic bank deduction.	ble and returned as a non-payment to
	Date

ATTACH VOIDED CHECK