



# CITY OF KIEL UTILITIES

621 Sixth Street  
P.O. Box 98  
Kiel, WI 53042  
(920) 894-2909 ext. 103  
Debbie.casper@kielwi.gov

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## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize City of Kiel Utilities to initiate entries from my checking/savings account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until City of Kiel Utilities is notified by me (us) in writing to cancel it in such time as to afford City of Kiel Utilities and the Financial Institution a reasonable opportunity to act on it. Funds will be drawn from your account on the 17<sup>th</sup> of each month.

\_\_\_\_\_  
City of Kiel Utilities Account No.

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Account No.

(Check One) \_\_\_\_\_ Checking Account  
\_\_\_\_\_ Savings Account

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution – Branch, City, State, Zip

\_\_\_\_\_  
Your Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: You must include a voided check or deposit slip to record the correct banking information.**