

**OFFICE USE ONLY:**

Acct Number: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Received by: \_\_\_\_\_



**City of Neosho Water Department**  
**203 E. Main St. Neosho, MO 64850 Phone: 417-451-8060**  
**Email: [waterlicense@neoshomo.gov](mailto:waterlicense@neoshomo.gov)**

**Authorization for Direct Payment via ACH**

Direct Payment via ACH is the transfer of funds for the purpose of making monthly payments of your utility account held by the City of Neosho.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(as it appears on your account)

Service Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT DATE AND AMOUNT DETERMINATION:**

Draft Payment on the fifteenth (15<sup>th</sup>) of the month for the current month utility billing.

Bank Name	Bank Phone Number	
City	State	Zip

**PLEASE WITHDRAW FUNDS FROM:**

Checking Account     Savings Account     This is a change of account number

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

Your Account Number: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION**

*You authorize the City of Neosho to initiate debit entries as indicated above. You further authorize our financial institution noted above to debit your account. You agree to pay a returned check fee of \$20 for each returned item. If a debit is not made, you will promptly remit the total monthly payment plus any fees due. You are aware that the amount of the monthly debit will change accordingly based on the monthly bill. Upon receipt of your monthly bill you will know how much will be debited from your account. I understand and authorize monthly recurring entries and this will remain in full force and effect until I notify the City of Neosho that I wish to revoke this authorization. I agree that ACH transactions I authorize comply with all applicable laws and are governed by the National Clearing House Association (NACHA) ACH Rules.*

Signature	Date
Additional Signature(if account requires 2 <sup>nd</sup> signature)	Date