

Please complete the attached payment authorization, **enclose a voided check** for verification of bank account information and return it to:

KCMO Water Services Department
Consumer Services Division
4800 East 63rd Street
Kansas City, MO 64130
Attn: Reconciliations

Please allow 30 to 60 days for activation. For further information call 513-2109.

Yes, I want to participate in the ACH Electronic Bill Payment Program!

Name: (As it appears on your bill) _____

Water Account Number: _____

Service Address/City/State: _____

Checking Account Number: _____

Bank/Financial Institution Name: _____

City/State: _____

Bank /Financial Institution Phone Number: _____

Signature (as it appears on your checking account): _____

Daytime Phone Number: _____

***By signing above I agree to the terms and conditions as set forth by both the Kansas City, MO Water Services Department and my financial institution. I authorize the Kansas City, MO Water Services Department to charge my checking account for payment of my utility bill. This authority is to remain in effect unless revoked by either the Water Services Department or my financial institution. I understand that I may cancel this arrangement at any time by giving notice in writing to Kansas City, Missouri Water Services.*