



City of Saint George, KS

220 First Street | P.O. Box 33 | Saint George, KS 66535
785.494.2558 | 785.494.8413 | cityclerk@stgeorgeks.gov

Account Number: _____

DIRECT PAYMENT ENROLLMENT REQUEST FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH)

Automatic Debit Account Information:

Select One: _____ Checking _____ Savings

Bank Name: _____

Address: _____

Account Number: _____

Routing Number: _____

- Please include a voided check or deposit ticket with this completed form.

I hereby authorize the City of St. George to initiate debit entries. This authorization will remain in effect until I have filed new authorization, or until this authorization is revoked by me in writing.

First Name

Middle Initial

Last Name

Address

City

State

Zip

Daytime Phone Number

Signature

Date

This form is to be retained by the City as a matter of record. Please retain a copy for your records.