



City of Hiawatha

AUTOMATIC BANK PLAN
City of Hiawatha
723 Oregon Hiawatha, KS 66434
785 742 7417
785 742 2880 (fax)

Date: _____

TO: _____
Name of Financial Institution

I, _____, hereby authorize the City of
Please Print
Hiawatha, Kansas, to charge my water and sewer account to my checking
account at the above named financial institution.

Checking account number: _____

Water bill account number: _____

Service address: _____

Signature: _____

Power of Attorney (if applicable): _____

Please attach a deposit slip or voided check.

May not take affect for up to two months. First month is preauthorization. Your bill will say "Do Not Pay" when it has been automatically withdrawn.