**City of Haviland**

109 N. Main
P. O. Box 264
Haviland, KS 67059-0264

Phone: 620-862-5317
Fax: 620-862-5897

Email: cityhall@havilandks.gov
Web: havilandks.gov

## UTILITY BILL WITHDRAWAL AUTHORIZATION-E-Check (ACH)

Customer Name (Please Print)_____

Put a check on the line that applies:
New_____ Change_____

I hereby authorize the City of Haviland to withdraw funds from my account to pay my water/sewer/trash utility bill, and further authorize the depository financial institution named below to post the same to the account indicated. This authorization is to remain in force until the City of Haviland receives written notice of cancellation from me. The notice of cancellation must be received at least 30 days prior to the date of cancellation and in such a manner as to afford the City of Haviland reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed by the City of Haviland prior to receipt of cancellation.
E-check (ACH) will be processed through gWorks Front Desk & Deposited to the City of Haviland's account with The Bank of Haviland.

**Select Primary Account:**

Financial Institution_____

Address_____

City_____ State_____ Zip_____

**Check One:**
_____Checking- _____Savings

Bank Account #_____ Bank Routing #_____

Water Account #_____

___I understand there will be a $1.30 service fee/month
___I give permission to the City of Haviland Office Staff to enable autopay on my behalf.

Signature_____ Date_____

**Please Note: All Utility Bill Withdrawals will occur 7 Days before the due date.**