

CITY OF CHANUTE, KANSAS

UTILITIES BANK DRAFT

BANK AUTHORIZATION

(DATE)

I _____ HEREBY BY GRANT THE
CITY OF CHANUTE PERMISSION TO HAVE THE

_____ (BANK)
DEBIT MY ACCOUNT # _____ FOR
MONTHLY UTILITY SERVICES.

_____ (SIGNATURE)
UTILITIES SERVICE ADDRESS: _____
UTILITES ACCOUNT NUMBER: _____