



## Ketchikan Gateway Borough Automatic Payment Authorization

**NOTE: Be sure to sign the form!**

### AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize **Ketchikan Gateway Borough** to initiate electronic or automatic entries to my:

MONTHLY		QUARTERLY		ANNUAL	
\$		\$		\$	
_____	_____	_____	_____	_____	_____
KGB Acct #	Amount	KGB Acct #	Amount	KGB Acct #	Amount
\$		\$			
_____	_____	_____	_____	_____	_____
KGB Acct #	Amount	KGB Acct #	Amount	KGB Acct #	Amount

I acknowledge that the origination of ACH or Debit/Credit transactions to my account must comply with the provisions of U.S. law. I further acknowledge that the authorized amounts are subject to change by ordinance as approved by the Borough Assembly. I understand that my account balance must be paid to a zero balance before this auto payment will take effect, which is in the next billing cycle after this form is submitted. If my account has a balance when this form is received by the KGB Finance Department, I authorize them to execute a request for payment from the account indicated below, to bring my balance to zero. Currently, this automatic transaction will take place on or near the 20th day of the month. Items returned as Non-Sufficient Funds (NSF) or Uncollected Funds (UCF) are subject to the maximum fee allowed by AS 09.68.115. This automatic payment may be discontinued if more than two NSF or UCF's are received. This authority will remain in effect until I have cancelled it in writing.

### DEBIT/CREDIT

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### CHECKING/SAVINGS

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date