

## CITY OF LONGTON BANK AUTHORIZATION

This authorizes the City of Longton and my financial institution to automatically pay my monthly Water/Sewer/Trash bill out of my checking, savings, or NOW account. I agree to all the terms and conditions of authorization.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph No. (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Bank Account No. \_\_\_\_\_

Name of Bank: Bank of Longton

Bank Address : 401 Kansas, Longton, Kansas - 67352

My account is:        \_\_\_\_\_ Checking        \_\_\_\_\_ Savings

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Return this completed form to: Longton City Hall, 501 Kansas,  
PO Box 18, Longton, KS 67352.**

For Office Use: City of Longton Public Acct: _____
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