

FORM RD-ACH
(8/13)

City of Kansas City, Missouri - Revenue Division
ACH RECURRING PAYMENT AUTHORIZATION



Phone: (816) 513-1120
Fax: (816) 513-1075
E-file: www.kcmo.org/revenue

I (we) authorize the City of Kansas City, Missouri to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account/ Savings Account (select one) at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name	
Routing Number	Account Number
Amount of debit(s) or method of determining amount of debits(s)	
Date(s) and/or frequency of debit(s)	

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Kansas City, Missouri in writing that I (we) wish to revoke this authorization. I (we) understand that the City of Kansas City, Missouri requires at least three (3) business days' notice prior to the proposed effective date of termination in order to cancel this authorization.

Name(s) (Please print)	
Date	Signature(s)