



City of Buckner

315 S Hudson Street, P.O. Box 377

Buckner, MO 64016

Phone: (816) 650-3191 • Fax: (816) 650-9797

Automatic Draft / Water Bill Payment Authorization Form

(Print form and mail to: City of Buckner Water Department)

Your name as it appears on the bill: _____

Daytime phone number: _____

Service Address: _____

Your Account Number as shown on your Water Bill: _____

Financial Institution & Address:

Your Banking Account Number: _____

My Account is: _____checking _____savings

I hereby request and authorize the financial institution named to pay my monthly Buckner Water Utility Bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing, and it is my responsibility to prevent rejected or returned payments. I understand that both the Buckner Water Department and the financial institution named reserve the right to terminate the payment plan or my participation therein.

Signed

Date

ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE