



CITY HALL
 100 N 15TH
 FREDONIA, KANSAS 66736
 PH: 620-378-2231 FX: 620-378-2693
www.fredoniaks.org

UTILITY SERVICE CONTRACT

REQUIRED: Property Lease Agreement or Proof of Ownership; Current Government Issued Photo I.D.; Social Security Number; Completed Utility Application; and Connection Fee of \$50 Water; \$50 Electric.

NAME (Please Print) _____	DATE _____
SERVICE ADDRESS _____	MAILING ADDRESS _____
E-MAIL ADDRESS _____ EMAIL MY BILL YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> OWN <input type="checkbox"/> RENT : _____ LANDLORD NAME _____
PLEASE LIST PREVIOUS ADDRESS _____	
MAIDEN NAME, ALIASES, ETC.: _____	
SOCIAL SECURITY # (INDIVIDUAL) / TAX I.D. # (BUSINESS) _____	DATE OF BIRTH _____
DRIVER'S LICENSE # _____	EMPLOYER _____
CELL / HOME PHONE # _____	WORK PHONE # _____
CO-TENANT INFORMATION REQUIRED* (Any persons 18 or older residing at this address. Use extra paper if needed.)	
NAME/SOCIAL SECURITY # (INDIVIDUAL) / TAX I.D. # (BUSINESS) _____	DATE OF BIRTH _____
DRIVER'S LICENSE # _____	EMPLOYER _____
CELL / HOME PHONE # _____	WORK PHONE # _____
NAME/SOCIAL SECURITY # (INDIVIDUAL) / TAX I.D. # (BUSINESS) _____	DATE OF BIRTH _____
DRIVER'S LICENSE # _____	EMPLOYER _____
CELL / HOME PHONE # _____	WORK PHONE # _____
* <i>If co-tenant information changes it is your responsibility to complete a new service application.</i>	

Signature: _____ Date _____

OFFICE USE ONLY
ACCT# - _____
S/A BY - _____

ACH Authorization form for Automatic Utility Bill Payment

Customer Name: _____

Address: _____

Phone: _____

Email: _____

Please Email Utility Bill: YES: _____ NO: _____

Financial Institution Name: _____

Address: _____

Account Number to be debited: _____

Account Type: Checking: _____ Savings: _____

Bank Routing Number: _____

PLEASE ATTACH A VOIDED CHECK (for account verification purposes)

As a duly authorized check signer, I authorize the City of Fredonia Water and Light Office and the financial institution named above to initiate ACH (Automated Clearing House) debit entries to deduct the amount of my monthly bill from the account identified. I understand that my automatic payment will be deducted on the **10th of each month**, in the amount of each bill. I have the right to stop the deduction by contacting the City of Fredonia Water and Light Office at 620-378-2231 **at least three business days prior to the payment due date.**

I understand that this authorization will remain in effect until the City of Fredonia Water and Light Office has received written notification from an authorized representative of its termination or change. I furthermore understand if funds are not available on the 10th, an insufficient fund service charge will apply upon collections; and potential disconnection of utility services and/or removal from the ACH auto pay will follow.

Authorized Account Signature: _____

(You must be an authorized signer for the bank account listed above)

Date: _____

PLEASE SIGN AND RETURN TO;
City of Fredonia Water and Light
Office
Attn: Deputy Clerk
Fredonia, KS 66736
PH: 620-378-2231
FX: 620-378-2693
spekru@fredoniaks.org

OFFICE USE ONLY	
BANK CODE	_____
ACCT#	_____