

**City of Topeka
Electronic Fund Transfer (EFT) Authorization Form**

Customer Information

Customer Number	Customer/Business Name		
Address			
City	State	Zip	
Contact Name for Businesses	Phone	Ext	
E-mail Address for Notification			

Above named Customer hereby authorizes City of Topeka to originate electronic fund transfer (EFT) debt entries to Customer's account, as indicated below, for payment. *****Please attach a voided check***** (we will not accept a deposit slip)

Banking Information

Name on Bank Account	Bank Name
Bank Routing Number	Bank Acct Number/Mark <input type="checkbox"/> Checking <input type="checkbox"/> or Savings <input type="checkbox"/>



If any changes are made to your banking information, please notify the **City of Topeka immediately in written form.**

Please note if you fail to notify us prior to the scheduled withdrawal and your account has insufficient funds it will be your responsibility to make sure the payment is made on time by cash, check or credit card.

If you have any questions please call 785-368-3970 and select option 5 for Accounts Receivable or email at paymentservices@topeka.org.

Customer Authorization:

Authorized Signature _____
Date

Print Name _____
Title

Please complete the above form and return to:

Email to: paymentservices@topeka.org
 Fax to: 785-368-3975
 Mail to: City of Topeka
 Attn: Accounts Receivable
 215 SE 7th St, Room 358
 Topeka, KS 66603

Official City Use Below This Line

Customer Number	Entered by	Date Entered in System
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