



# Monthly Bank Draft Agreement

<b>Primary Member Name</b>		
<b>Today's Date</b>		
<b>Phone</b>		
<b>Email</b>		
<b>Date of Draft</b> (circle one)	<b>1st of each month</b>	<b>15th of each month</b>
<b>Financial Institution Name</b>		
<b>Routing Number</b>		
<b>Account Number</b>		
<b>Account Type</b> (circle one)	<b>Checking</b>	<b>Savings</b>
<b>Action</b> (circle one)	<b>New Membership</b>	<b>Update to Account</b>

## Terms and Conditions for Bank Draft Payments

**AUTHORIZATION:** I authorize the City of Kirksville to charge my checking/savings for my monthly pass fee. I further authorize my financial institution to process these fees. I understand that my account will be debited on the date selected above, or on the next business day if it falls on a weekend or holiday.

**NO REFUNDS:** I understand no refunds will be given. Lack of use will not warrant a refund. The City reserves the right to discontinue service at any time to any member whose actions are not deemed to be in the best interests of the City of Kirksville.

**RETURNS:** I understand that a \$25.00 service fee will be charged on any transaction returned for any reason including insufficient funds, account closed, or any other reason for a returned draft. The City of Kirksville reserves the right to cancel my pass upon the second month of returned fees. I understand that I am responsible for my pass fee as well as the \$25.00 service fee applied by the City of Kirksville for each return. This is in addition to any service fee my financial institution may charge.

**PASS TERMINATIONS/CHANGES:** I understand that by signing this form, I authorize the City of Kirksville to continue monthly bank drafts until written notice of cancelation is received. In order to terminate my pass and my automatic payments, I must notify the City of Kirksville 30 days prior to my next draft date in writing. Additionally, in order to make any changes to the account used to draft my pass fee, I must notify the City of Kirksville 30 days prior to my next draft date.

**FEE INCREASES:** I understand that the City of Kirksville reserves the right to increase pass fees as necessary and will notify me by email at least 60 days prior to the increase at the email address I have provided.

I agree to all above terms and conditions and authorize the City of Kirksville to draft my account.

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

**Please attach a voided check or bank provided proof of account.**