



911 STATE FUND

Authorization for Automatic Payments (ACH Debits)

Company Name _____ Tax ID No. _____

I (we) hereby authorize The Kansas 911 Coordinating Council, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

Account No. _____ Routing / ABA No. _____

Frequency Daily Weekly Bi-weekly

Day of the Week (check one) M T W Th F

Monthly Semi-monthly

Date (check one) 1st 15th 30th

Amount Range \$ _____ to \$ _____

Please note that on or before the date specified above, the exact amount of 911 fees to be billed must be emailed to: K911@np-solutions.org.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) if its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ DATE _____

SIGNATURE _____