

## City of Kansas City, Missouri - Revenue Division

## **ACH RECURRING PAYMENT AUTHORIZATION**



Phone: (816) 513-1120 E-file: kcmo.gov/quicktax

## PLEASE COMPLETE THIS FORM TO HAVE YOUR PAYMENTS ELECTRONICALLY DEBITED

Taxpayer(s) Name/ Business Name	Account ID	
electronically credit my (our) account to	ty, Missouri to electronically debit my (our) at to correct erroneous debits) as follows:	, ,
agree that ACH transactions I (we) aut	thorize comply with all applicable law.	
Depository Name		
Routing Number	Account Number	er
Amount of debit(s) or method of deter	rmining amount of debit(s)	
Date(s) and/or frequency of debit(s)		
Missouri in writing that I (we) wish to re	on will remain in full force and effect until I (evoke this authorization. I (we) understand siness days' notice prior to the proposed eff	I that the City of Kansas City,
Print Name of Taxpayer	Signature	Date