

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

City Name \_\_\_\_\_

City Federal ID Number \_\_\_\_\_

I hereby authorize \_\_\_\_\_,  
hereinafter called CITY, to initiate debit entries to my

Checking Account \_\_\_\_ 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 acknowledge that the origination of ACH transactions to my account  
must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_

Branch Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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

Name \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please Print)

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

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE  
THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER  
SPECIFIED IN THE AUTHORIZATION.**