

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

Company Name: City of Keota

Company ID Number: 42-6004837

I (we) hereby authorize the City of Keota hereinafter called COMPANY, to initiate debit entries to my (our), account indicated below at the depository financial institution named below, hereafter 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.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

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

NAME(S): _____
(Please Print)

Company Account Number: _____ Date: _____

Signature: _____

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

PLEASE INLUCDE A VOID CHECK, COPY OF CHECK OR DEPOSIT SLIP FOR ACCOUNT DEBITED.