

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name City of Potttsboro Company (Tax) ID Number 75-6003903

I (we) hereby authorize City of Potttsboro hereinafter called COMPANY, to initiate debit entries to my (our) ___ 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 (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank's Name _____ Branch (if applicable) _____

City _____ State _____ Zip _____
Routing Account
Number _____ 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 in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Account Number: _____

Name _____ DL Number _____

Signature _____ Date _____

Name _____ DL Number _____

Signature _____ Date _____

Authorized Maximum Draft Amount _____ Authorized Amount to be Drafted each month on the 3rd of each month.

Date of First Draft _____ **PLEASE ATTACH AVOIDED CHECK**

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