

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NAME: _____

SERVICE ADDRESS: _____

I (we) hereby authorize the city of Rawlins to initiate debit entries to my (our)

- Checking Account
- Savings Account

indicated below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

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

NAME(s): _____

(PLEASE PRINT)

DATE: _____ SIGNED _____

SIGNED _____

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.