



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize CITY OF YOAKUM, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

Zip

(Routing/Transit Number)

(Account Number)

Type of Acct: Checking
 Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Printed Name of Individual

Printed Name of Individual

Printed Individual ID Number

Printed Individual ID Number

Signature

Signature

Date

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM