

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

The City of West Tawakoni Water Bank Draft Agreement

I (we) hereby authorize _The City of West Tawakoni 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, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account # _____

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

Name(s) _____ ID # _____
(Please Print)

Date _____ Signature _____

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