

City of King

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company: City of King

Account Number _____

I (we) hereby authorize the City of King 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 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 _____

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 in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Account Number _____

Please print

Date _____ Signature _____