

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)  
FOR THE CITY OF COLWICH

I (we) hereby authorize the City of Colwich to initiate debit entries to my (our) Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_ (select one) indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until the City of Colwich 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 Colwich and my financial institution a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**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.**