

AUTHORIZATION AGREEMENT FOR ACH WITHDRAWALS (ACH DEBITS)

I (we) hereby authorize the City of Ste. Genevieve, 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 to debit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____

City _____ State _____ Zip _____

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 BANK a reasonable opportunity to act on it.

Name(s) _____ Account Number _____
(Please Print)

Date _____ Signature _____

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

Please attach a cancelled check of the account that you would like the ACH Debit to come out of.