

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: CITY OF BENSON

I (We) hereby authorize the City of Benson, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account** **Savings Account** **Debit/Credit Card** (select one) indicated below at the depository financial institution named below, hereinafter 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.

BANK INFO:

Bank Name _____

Routing Number _____ Account Number _____

Credit/Debit Number _____

Expires _____ CCV Number _____

City Account Number _____

Customer Phone Number _____ Email Address _____

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) _____

(Please Print)

Signature _____ Date _____

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