

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the **City of Plainview**, hereinafter called CITY, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name)

(Branch)

(Routing Number)

(Account Number)

Circle type of Account: Checking Savings
Circle Date of Payment 1st 20th

This authority is to remain in full force and effect until CITY has written notification from me (or either of us) of its termination in such time and manner as to afford CITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(City Account Number)

(Signature)

(Date)