

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorized the **City of Linn Valley, Kansas**, to debit entries to my (our) account indicated below on the 5th day of each month and the Financial Institution named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

If the 5th falls on a weekend or holiday the ACH Debit will be withdrawn the next business day.

Financial Institution Name

Branch

Financial Institution Address

City, State

Zip

This authority is to remain in full force and effect until the City has received written notification from me (or either of us) of its termination in such time and manner as to afford the City and Financial Institution a reasonable opportunity to act on it. I understand that failure to properly notify the City of any changes with regard to this authorization agreement could cause a return item to be issued by Financial Institution which may result in additional fee(s) being charged to me.

Print name

Print name (if second account holder)

Signature

Signature

Date

Checking Account

Savings Account

Please attach a voided check

BANK ROUTING #

ACCOUNT #
