

AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBIT)

I (we) hereby authorize the City of Claflin, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing/Transit Number)

\_\_\_\_\_  
(Account Number)

Type of Acct: \_\_\_ Checking \_\_\_ Savings

Email Address for Notification of Debit: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR A DEPOSIT SLIP**

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Internal Use Only:

Individual ID # \_\_\_\_\_

Individual ID # \_\_\_\_\_