

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY  
NAME City of Jefferson

COMPANY  
ID NUMBER 42-6004818

I ( we) hereby authorize City of Jefferson, hereinafter called COMPANY, to initiate debit entries to my (our) checking indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, 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 the U.S. law.

DEPOSITORY

\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ CHECKING \_\_\_\_\_  
SAVINGS \_\_\_\_\_

CITY OF JEFFERSON ACCT #: \_\_\_\_\_

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_