



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 (Bank) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

STARTING DATE: _____ CHECKING ____ SAVINGS ____

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.

CITY OF JEFFERSON ACCT # _____

NAME(S) _____

ADDRESS _____

PHONE NUMBER _____ EMAIL _____

DATE _____ SIGNED _____

SIGNED _____

PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.

Office Use

Date of First Bill Auto Pay _____

Date Received _____

Date Entered _____ Initials _____