

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH) DEBITS

Company Name: **CITY OF LENOX**

I (we) hereby authorize **CITY OF LENOX**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the originations of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Acct Number _____

Type of Acct _____ Checking _____ Savings

This authorization 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) _____ ID Number _____

Signature _____ Date _____

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM