

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

~~~~~Attach Documentation from Bank confirming Account Information~~~~~

I (we) hereby authorize the City of Florence Utility Department , hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Savings Account (select one) 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 origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Drafting Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Accounting Number _____

Maximum Amount to Debit _____

Start Date _____

Termination Date _____

This authorization is to remain in full force and effect until City of Florence has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Florence and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ (Please Print)

Account Number _____

Signature(s) _____

Date _____