

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

Company Name Arcada Township

Company ID Number _____

I (we) hereby authorize Arcada Township, hereinafter called COMPANY, to initiate debit entries to my (our) [] Checking [] Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, to debit 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.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT/ABA NO. _____ ACCOUNTNO. _____

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) _____ DATE: _____
(Please print)

SIGNED _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.