

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the City of Wisner, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Bank Address

City

State

Zip

Routing/Transit Number

Account Number

_____ 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Print Individual Name

Print Individual ID Number

Print Individual ID Number

Signature

Signature

Date

PLEASE ATTACH COPY OF A VOIDED CHECK HERE