

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name City of Kingsley Company ID Number 4841

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account Account (select one) indicated below at the depository financial institution named below, hereinafter 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.

Depository Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
Amount to Debit _____	Frequency of Debits: (circle one) Weekly Bi-Weekly Monthly Bi-Monthly Quarterly Annually
Type of Account [] 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 _____
Date _____	Signature _____

TAPE YOUR VOIDED CHECK HERE

NOTE: Always get the Financial Institution Number from a check; never use the information from a deposit slip