AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: CITY OF RED CLOUD
Federal ID Number: 47-6006338

I (we) hereby authorize <u>CITY OF RED CLOUD</u>, 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, 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
Bank Name: _____

City: _____ State: _____ Zip: _____

Routing   Account
Number_____Number_____

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.

Print Name(s) as it appears on your checks_____

_____

Date_____ Signature _____

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