AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

City of Scribner
(Your Companies Name Here)

(Customer Billing ID Number)

I (we) authorize the above to initiate debit entries to my (our) checking / savings account (circle one) indicated below and the names below to post the same to such account

Customers Bank Name

Branch Location Address

City

State

Zip Code

Routing Number

Account Number

17th of the month
Payment Frequency

varies
Payment Amount

(Subject to change upon notification by company or association.)

or 1st business day following the 17th of month

Disclosure

This authority is to remain in full force and effect until company has received written notification from me (or either of us), 30 days prior to termination and in such manner as to afford company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of notice of termination.

I(we) further authorize the company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated hereto. I(we) authorize the bank to accept and to credit or debit the account of such entries to my (our) account. I(we) shall within fifteen calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I(we) have the right to stop payment of any entry by notification to bank prior to posting to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of NACHA as now or hereafter in effect and agrees to be bound thereby.

Customer Name

Customer Signature

Date

Customer Address

City, State, Zip Code