

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

I hereby authorize City of Comanche, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called **Financial Institution**, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

City of Comanche
(Company Name)

(Financial Institution Name)

(Bank Address) (City/State) (Zip)

Financial Institution Routing Number/ABA Number

(Account Number) Checking Savings

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it. If any of the above information changes, I will promptly complete a new authorization agreement.

(Print Individual Name)

(Phone Number)

(Physical Address)

(City/State/Zip)

(Signature)

(Date)