



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)

Company Name

City of Schulenburg

I hereby authorize City of Schulenburg, hereinafter called Company, to initiate debit entries to my bank account indicated below, to debit same to such account.

Depository (Bank) Name: _____

City, State and Zip: _____

Transit/ABA Number: _____

Bank Account Number: _____

Utility Account Number: _____

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 a reasonable opportunity to act on it.

Name: _____

Signed: _____

Date: _____

Phone Number: _____

Please attach a voided check