

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name _____

Customer Account Number _____

I/we hereby authorize the Town of Jonesboro to initiate debit entries to my/our
 Checking Account Savings Account
indicated below at the depository financial institution named below, hereafter called
DEPOSITORY, and 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
United States law.

Depository Name _____

Branch _____ Phone _____

City _____ State _____ Zip _____

Routing Number _____

Bank Account Number _____

This authorization is to remain in full force and effect until the Town of Jonesboro has received written notification from me/us of its termination in such time and in such manner as to afford the Town of Jonesboro and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Social Security Number _____ Date _____

Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER