AUTHORIZATION AGREEMENT FOR COLLECTIONS
(ACH DEBITS)

I, _____(Name) hereby authorize the City of Leonard, hereinafter called City, to initiate debit entries to my checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit 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.

Depository Account Name: _____

Depository Financial Institution: _____

Routing Number: _____

Account Number: _____ □ Checking   □ Savings _____

City / State: _____

Please indicate the appropriate date for your payment:

I would like my bill paid on the 1st of the month_____
I would like my bill paid on the 15th of the month_____

This authorization is to remain in full force and effect until 30 days after CITY has received written notification from me of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____   Phone Number: _____

Signature: _____   Water Account # _____

Date: _____