

TOWN OF MOORCROFT

AUTHORIZATION AGREEMENT

DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **TOWN OF MOORCROFT**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereafter called FINANCIAL INSTITUTION to debit same to such account. I (we) acknowledge the organization of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____

Financial Institution Address _____

Routing Transit Number _____

Account Number _____ CHECKING ___ SAVINGS___

Business Account? Yes _____ No _____

COMPANY will notify recipients by written notice of the amount and date on or after that it will be debited.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PRINT NAME

PRINT NAME

SIGNATURE

SIGNATURE

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

OFFICE USE: ACCOUNT NUMBER _____