

CITY OF STROMSBURG

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the City of Stromsburg, to initiate debit entries to my (our) Checking Account/Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository, and to 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 U.S. law.

Depository
Name _____ Branch _____
City _____ State _____ Zip _____
Routing
Number _____ Account
Number _____

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

Name(s) _____

City Account Number _____

Date _____ Signature _____

City of Stromsburg
PO Box 407
Stromsburg, NE 6866-0407

PLEASE ATTACH A VOIDED CHECK.

Note: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.