

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)
VOIDED CHECK REQUIRED**

I hereby authorize the City of Jasper, hereinafter called Company, to initiate debit entries to my checking and/or savings account indicated below at the depository financial institution(s) named below, hereinafter called Depository, and to debit the same such account.

Depository Bank: _____

City: _____ State: _____ Zip Code: _____

Account Type (CK-Checking or SV-Savings): _____

Depository Routing Number: _____

Depository Account Number: _____

This authorization is to remain in 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 and Depository a reasonable opportunity to act on it.

City of Jasper Account Number: _____

Customer Name: _____

Customer Signature: _____

Date of Authorization: _____