

**CITY OF CANTON
AUTHORIZATION AGREEMENT FOR DIRECT DEBITS
(ACH DEBITS)**

I (we) hereby authorize the City of Canton, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our checking/savings account indicated below and further authorize the depository named below, hereinafter called Depository, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

I am attaching a voided check and/or deposit slip for the above numbers to be identified as correct.

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 in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature

Date

Account Number