CITY OF CANTON MO

AUTHORIZATION AGREEMENT FOR AUTO PAY

(ACH DEBITS)

I (we) hereby authorize the City of Canton 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 financial institution named below to debit and/or credit the same to said account.

Financial Institution Name _____

Financial Institution City _____**State** _____**ZIP**_____

Financial Institution Routing Number _____

Account Number _____ **Checking** _____ **OR Savings** _____

A voided check, deposit slip, or other documentation for the above numbers must be provided for verification of the above information.

This authorization will remain in effect until the City of Canton has received notification from a responsible party on the account of its termination in such time and in such manner as to provide the City of Canton and the Financial Instituion a reasonable opportunity to act on it.

_____

SIGNATURE **DATE**

_____

PRINTED NAME **ACCOUNT NAME** **ACCOUNT NUMBER**