

CITY OF SYRACUSE, P.O. BOX F, SYRACUSE, NE 68446-0137

**AUTHORIZATION AGREEMENT FOR AUTOMATED DIRECT PAYMENTS
(ACH DEBITS)**

I (we) hereby authorize City of Syracuse, hereinafter call COMPANY, to initiate debit entries to my (our) **Checking Account** / **Savings Account (select one)** indicated below at the depository financial institution named below, hereafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of electronic (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing
Number _____

This authorization 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.

Name(s) _____ Account Number _____
(Please Print)

Date _____ Signature _____