

**AUTHORIZATION AGREEMENT  
TO  
DEBIT ACCOUNT**

**I authorize The City of White to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.**

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(Customer Name-Please Print)

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(Customer Address-Please Print)

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(Name of Financial Institution or Business)

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Checking or Savings Account Number-(Please Specify by circling)

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Bank Routing Number

**Payment will be initiated the 20<sup>th</sup> of every month. If the 20<sup>th</sup> falls on a Saturday then it would initiate Friday if it falls on a Sunday then it will initiate on Monday.**

**This authorization will remain in effect until I notify you to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.**

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Name-Please Print

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Signature

Date

