

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

NAME _____
(PLEASE PRINT)

I (we) hereby authorize City of Carnation, hereinafter called COMPANY, to initiate credit entries to my (our) () Checking () Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY _____

TRANSIT ROUTING/
ABA NUMBER _____ ACCOUNT NO. _____

This authorization is to remain in full 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.

DATE _____ SIGNED _____

Please attach a sample VOIDED CHECK here.