Debit Authorization

I (we) hereby authorize the **City of Comfrey,** hereinafter called **the City,** to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **Financial Institution**, to debit the same to such account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Financial Institution _____

Branch _____

City, State _____

Transit/Routing Number _____

Account Number _____

Frequency _____

Date of First Payment _____

Name (Print) _____

Name (Print) _____

Signature _____

Signature _____

Date _____

This authority is to remain in full force and effect until the City of Comfrey has received written notification from me of its termination such time and manner as to afford the City and Financial Institution a reasonable opportunity to act on it.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.