

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

Company Name:           **CITY OF PALESTINE**          

I do hereby authorize the CITY OF PALESTINE, to initiate credit entries to the account below, and to initiate corrective reversal entries (debits) to the account indicated below in the event any credit entries are originated in error.

Name of Depository  
Financial Institution: \_\_\_\_\_

Location of depository Financial Institution:

City: \_\_\_\_\_ State: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_ (9 digits)

Account Number: \_\_\_\_\_

This authority is to remain in effect until the City of Palestine has received my/our written notification of its termination in such time and in such manner as to afford the City of Palestine a reasonable opportunity to act upon it.

NAME: \_\_\_\_\_  
(please print)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

AFFIX VOIDED OR CANCELLED CHECK BELOW