

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

Customer Name \_\_\_\_\_

Customer Account Number \_\_\_\_\_

I/we hereby authorize the Town of Jonesboro to initiate debit entries to my/our  
 Checking Account       Savings Account  
indicated below at the depository financial institution named below, hereafter called  
DEPOSITORY, and debit the same to such account. I/we acknowledge that the  
origination of ACH transactions to my/our account must comply with the provisions of  
United States law.

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until the Town of Jonesboro has  
received written notification from me/us of its termination in such time and in such  
manner as to afford the Town of Jonesboro and DEPOSITORY a reasonable  
opportunity to act on it.

Name(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY  
REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE  
MANNER SPECIFIED IN THE AUTHORIZATION**

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER**