

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

City of Waynesboro
P.O. Box 471
Waynesboro, TN 38485
931-722-5458

62-6020178

I (we) hereby authorize City of Waynesboro, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ___Checking ___Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT /ABA NO. _____ ACCOUNT NO. _____

CUSTOMER UTILITY ACCT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us if joint account) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (PRINTED)

SIGNED

DATE

Please attach a voided check or deposit ticket to be used to verify routing transit and account number information.