

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CITY OF WASHINGTON
105 N. MAIN STREET
WASHINGTON C.H., OHIO 43160
636-2340

BUSINESS ID NUMBER 31-6000134

I (we) hereby authorize the CITY OF WASHINGTON to initiate debit entries to my (our) Checking account/Savings account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

NAME(S) _____ ID NUMBER _____
(Please Print)

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____