

## **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 \_\_\_\_\_