

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Village of Callaway to initiate entries to my (our) Checking/savings account indicated below at the depository financial institution named below and to 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 the U.S. law.

BANK NAME: _____ BRANCH: _____

BANK ADDRESS: _____

ROUTING #: _____ ACCOUNT #: _____

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

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

For office use:

Date of entry: _____

First month active: _____

Initials: _____