



City Of Ingram

230 Hwy 39
Ingram, Tx 78025

Consumer Authorization Form

Authorization Agreement for Preauthorized Payments

Consumer Name(s): _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries from my (our) Checking indicated below and the depository named below, hereinafter called DEPOSITORY, 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 U.S. law.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO.: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until COMPANY 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 COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CONSUMER NAME(S): _____

(PLEASE PRINT)

DATE: _____

State of _____

County of _____

SIGNATURE(S): _____

This instrument was acknowledged

before me on

_____ day of _____, 20____

Notary Public Signature _____

My Commission Expires _____