AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I(we) hereby authorize The City of Reading, to initiate debit entries to my (our) Checking/Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, 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 U.S. law.

Depository Name_____
Branch_____
City_____
State_____Zip_____

Routing Number (on check) _____
Account Number (on check) _____

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

Name(s) _____ (Please Print)
Service Address_____
Route and Account Number (on water bill) _____
Phone Number_____
Email Address_____

Date_____

Signature_____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.