

BLOCK _____ **LOT** _____ **ACCOUNT #** _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

TOWNSHIP OF LACEY

I (we) hereby authorize Township of Lacey, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☒ ~~Savings Account~~ (select one) indicated below at the depository financial institution named below, hereinafter 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 # _____ Account # _____

This authorization is to remain in full force and effect until COMPANY 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.

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

Name(s) _____

(please print) Phone # _____

Date _____ Signature _____

For official use: date initiated _____ date terminated _____