

Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize the **City of Port Washington** hereinafter called COMPANY, to initiate credit Entries to my checking and/or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY (BANK) NAME _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

CHECKING OR SAVINGS (**CIRCLE ONE**) DOLLAR AMOUNT \$ _____

ROUTING NO. _____ ACCOUNT NO. _____

DEPOSITORY (BANK) NAME _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

CHECKING OR SAVINGS (**CIRCLE ONE**) DOLLAR AMOUNT \$ _____

ROUTING NO. _____ ACCOUNT NO. _____

DEPOSITORY (BANK) NAME _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

CHECKING OR SAVINGS (**CIRCLE ONE**) DOLLAR AMOUNT \$ _____

ROUTING NO. _____ ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(Please print)

DATE _____ SIGNATURE _____

E-MAIL ADDRESS _____ Phone Number _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator on the manner specified in the Authorization.