

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS (ACH)

COMPANY NAME: City of Hereford

COMPANY ID NUMBER: 75-6000557

I (we) hereby authorize the **City of Hereford** to initiate debit entries to my (our) account indicated below at the depository named below. The depository is authorized to debit the same account.

******* DEPOSITORY (BANK) INFORMATION *******

BANK NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO.: _____ **ACCOUNT NO.:** _____

ACCOUNT TYPE: (Please Check One)

Checking []

Savings []

******* CUSTOMER INFORMATION & AUTHORIZATION *******

This authority is to remain in full force and effect until the **City of Hereford** and the **Depository** have received written notice from the undersigned of its termination in such time and in such a manner as to afford **The City of Hereford** and the **Depository** a reasonable opportunity to act on it.

ACCOUNT NAME: _____ **UTILITY ACCT. NO.:** _____

ACCOUNT ADDRESS: _____

SIGNED: _____ **DATE:** _____