

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CITY OF MT. MORRIS
11649 N. SAGINAW STREET
MT.MORRIS, MICHIGAN 48458

I (we) hereby authorize the City of Mt.Morris, hereinafter called the CITY, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY
NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ - _____ - _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until the CITY has received written notification (30 days) from me (or either of us) of its termination in such time and in such manner as to afford the CITY a reasonable opportunity to act on it.

NAME (S) _____ DATE: _____

SIGNED _____