

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

COMPANY NAME: **Town of Firestone**

I (we) hereby authorize _____, hereinafter called Company, 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:		
ADDRESS:		
CITY:	STATE	ZIP:
TRANSIT/ABA NO:	ACCOUNT NO.	
AMOUNT: Varied depending on usage	CHECK IF VARYING AMOUNT: <input checked="" type="checkbox"/>	

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

PRINT NAME:	
SIGNATURE:	DATE:
PRINT NAME:	
SIGNATURE:	DATE

<p>TAPE YOUR VOIDED CHECK HERE</p>

Service Address: _____