



Authorization Agreement for Direct Payments
City of Unionville

I (we) hereby authorize CITY OF UNIONVILLE, hereinafter called City, to initiate debit entries to my (our) Checking; Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

DEPOSITORY

NAME: _____
CITY: _____ STATE: _____ ZIP: _____
CHECKING _____ SAVINGS _____ ACCOUNT NO. _____
TRANSIT/ABA NO. _____

This authority is to remain in full force and effect until CITY 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 CITY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
DATE _____ SIGNED _____

Please attach a VOIDED copy of your check for verification of account and transit numbers.