

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: City of Petal

COMPANY TAX ID: N/A

I (we) hereby authorize City of Petal, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

DEPOSITORY NAME: _____

TRANSIT / ABA NO. _____

ACCOUNT NUMBER: _____

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.

NAME(S) _____

ID NUMBER: _____

DATE: _____ SIGNED: _____

SIGNED: _____

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(STAPLE VOIDED CHECK HERE)