

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS/CREDITS

I (we) hereby authorize Town of Gordonsville, hereinafter called COMPANY, to initiate credit entries to account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US Law.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: _____ Checking _____ Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and FINANCIAL INSTUTION reasonable opportunity to act on it.

(Print Individual Name)

SIGNATURE _____ DATE _____

ADDITIONAL INFORMATION NEEDED:

*****PLEASE ATTACH A VOIDED CHECK WITH THIS APPLICATION*****