



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)**

I (we) hereby authorize the City of Mathis, here in after called Company, to initiate debit entries to my (our) [] Checking account. Indicated below and depository named below, here in after call Depository, to debit same to such account.

Depository Name

Branch (if applicable)

City, State, Zip

Transit/ABA Number: _____ **Account Number** _____

Monthly Withdrawal Date: 1st of Each Month or 15th of Each Month

This authority is to remain in full force and effect until Company has received written notification from me (or wither 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: _____

Signature: _____

Date: _____

“This Institution is an equal opportunity provider and employer”.

Please attach a voided check if a checking account is selected!