

CITY OF LINN
P.O. BOX 66
LINN, KS 66953
785-348-5368

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: CITY OF LINN, KS

COMPANY ID: 48-6023690

I (we) hereby authorize CITY OF LINN, KS 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 to such account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. Law and NACHA Rules.

DEPOSITORY
NAME _____

(Your bank)

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Account type (checking or savings) _____

NAME ON ACCOUNT _____

This authority is to remain in full force and effect until COMPANY AND DEPOSITORY Have received a written or verbal notification from me (or either of us) of its termination in such a time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(Please print)

SIGNED X _____ SIGNED _____

DATE _____

PATRON BANK ACCOUNTS ARE DEBITED ON THE 10TH OF THE MONTH OR THE NEXT BUSINESS DAY.

City acct. # _____