



City of Udall

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

CITY: City of Udall
CITY ID NUMBER: 48 6006391

I (we) hereby authorize the City of Udall, hereinafter called CITY, to initiate debit entries to my (our) account, [] Checking [] Savings (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NUMBER _____ ACCOUNT NUMBER _____

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

NAME(S) _____

SOC/SEC No. _____

Date _____ SIGNED _____

ATTACH VOID

Date _____ SIGNED _____

CHECK HERE

Please mail completed form to:

City of Udall
110 South Main / P.O. Box 410 / Udall, Kansas 67146
620-782-3512 Fax 620-782-3474 <http://www.cityofudall.com>