AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Vendor Name: City of New Market Account Number:Click here to enter text.

**I (we) hereby authorize the City of New Market, hereinafter called COMPANY, to initiate debit entries to my (our)** **[ ] Checking Account/** **[ ] Savings Account (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: Click here to enter Bank/Depository Name. Branch: Click here to enter Branch.

City: Click here to enter City. State: Click here to enter State. Zip: Click here to enter Zip Code.

Routing Number: Click here to enter Routing Number. Account Number: Click here to enter Account Number.

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 time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): Click here to enter Name. ID Number: Click here to enter ID.

Date: Click here to enter a date. Email: Click here to enter ID. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.