

BANK DRAFT AUTHORIZATION (ACH DEBITS)

I (we) hereby authorize City of Bastrop, hereinafter called COMPANY, to initiate debit entries to my/ our (select one) Checking Account ____ / Savings Account ____ indicated below at the depository financial institution named below, hereafter 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.

Name of Bank (Print): _____

City: _____

State: _____ Zip: _____

Routing Number: _____

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) (Same as on Bank Account): _____

Utility Bill Account Number(s): _____

Date: _____

Signature: _____

DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH A VOIDED CHECK TO FORM