

Please mail to Sandra Silva
P O Box 190
Lufkin, TX 75902-0190

ACCOUNT # _____

Please enclose a voided check for our records

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED
PAYMENTS (ACH DEBITS)**

THE CITY OF LUFKIN

I/we here by authorize The City of Lufkin, 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.

REQUIRED INFORMATION FROM YOUR DEPOSIT SLIP OR VOIDED CHECK.

BANK NAME ABA NUMBER ACCOUNT NUMBER
CITY , STATE AND ZIP CODE FOR YOUR BANK.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have 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. I (or either of us) have the right to stop payment of a debit ENTRY by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I/we have the right to have the amount of an erroneous debit immediately credited to my/our account by DEPOSITORY, provided I/we send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement, or 45 days after posting, whichever occurs first.

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

SIGNATURE

SIGNATURE

SERVICE ADDRESS _____

PHONE NUMBER _____.
091511