

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I hereby authorize THE TOWN OF LEAKESVILLE to initiate ( ) Credit ( ) Debit entries to ( ) Checking Account ( ) Saving Account indicated below and the depository named below to debit same to such account.

Depository \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until THE TOWN OF LEAKESVILLE has received written notification from me of its termination in such time and in such manner as to afford The TOWN OF LEAKESVILLE and the depository a reasonable opportunity to act on it.

Name (Print) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_