

Authorization Agreement for Pre-Authorized Payments

TOWN OF LEAKESVILLE

I hereby authorize, the Town of Leakesville, to initiate

Credit **Debit**

Entries to

Checking Account **Savings 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 a matter as to afford the Town of Leakesville and the depository a reasonable opportunity to act on it.

Printed Name:
Signature:
Date:

Office Use

Date received:
Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date effective:
Initials: