



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize and request the City of Kimball, hereinafter called CITY, to effect payment any amounts owing by me (either of us) to the CITY as such amounts become due by initiating debit entries to my (our) account indicated below in the bank named below, hereinafter called the BANK, and I (we) authorize and request the BANK to accept any debit entries initiated by the CITY to such account and to debit the same such account without responsibility for the correctness thereof:

BANK ACCOUNT INFORMATION

Bank Name: _____

Bank Location: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: Checking Savings

Name (s) on account: _____

Please print

Signature(s) of Account Holder(s):

_____ Date: _____

_____ Date: _____

I (we) understand that this agreement may be terminated by me (us) at any time by written notification to the CITY. Any such notification to the CITY shall be effective only with respect to entries initiated by the CITY after the receipt of such notification and at least 5 business days following such notification.

CITY USE ONLY

Customer Account Number: _____ Computer Number: _____

City Authorization: _____ Date: _____

Date of first debit: _____