

Dr-auth

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize The City of Hanover, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____		_____	
(Financial Institution Name)		(Branch)	

(Address)		(City-State)	(Zip)
_____		Type of Acct: ___ Checking ___ Savings	
(Routing/Transit Number)	(Account Number)		

Authorized debit amount: Variable

Beginning Date: _____

Frequency of Transaction: 10th of each month

Purpose of Debit Authorization: Monthly Utility Payment

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____	OR	_____
(Print Individual name)		(Print Company name)
_____		_____
(Signature)		(Authorized Signature)
_____		_____
(Date)		(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM