

**Authorized Agreement for Direct Payments (ACH Debits)**

I (we) hereby authorize Town of Leonville hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called Washington State Bank, 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)
(Routing #)	(Account #)	Type of Acct: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

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 Town of Leonville and Washington State Bank a reasonable opportunity to act on it.

(Print Individual Name)	(Town of Leonville Utility Acct #)	Phone Number
(Signature)	(Date)	

- ✓ All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.
- ✓ Single entry reversals do not require authorization by the receiver. Therefore, previously recommended language regarding the initiation of possible debit entries is no longer stated in the authorization.
- ✓ The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.

Attach voided check here

**Revocation Authorized Agreement for Direct Payments (ACH Debits)**

I hereby revoke the above Authorization Agreement noted above this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Print Individual Name)	(Date)
(Signature)	(Town of Leonville Signature of Acceptance)