

TOWN OF GURLEY

SCHEDULE D

DEBIT AUTHORIZATION FORM – STANDING AUTHORIZATION

Pursuant to this Standing Authorization, I (we) hereby authorize, in advance, _____, hereinafter called "COMPANY", to initiate future electronic debit entries at various intervals, to my (our) account indicated below and the (Financial Institution) named below, hereinafter called "FINANCIAL INSTITUTION", to debit future subsequent entries the same to such account based on further affirmative action as described below* for [Purpose] _____. I (we) acknowledge that ACH transactions I (we) authorize must comply with all applicable laws, including U.S. law. In the event of an erroneous or duplicate entry, I (we) hereby authorize COMPANY to credit my account indicated below to correct any error made.

Financial Institution: _____ Branch: _____

Address: _____ City/State/Zip: _____

Routing Number: _____ Account Number: _____

Type of Account: **Checking:** _____ **Savings:** _____

Single Entry _____ Multiple Entries _____ Recurring Entries _____

Amount of the debit or method of determining amount of the debit: _____

Frequency (Weekly, Monthly, As Initiated by Consumer, etc.): _____

Subsequent Entry (Any entries for another account or for another reason) -- **Through a Standing Authorization, I agree that in order to initiate any future subsequent entries, I must notify the Company by:*

Telephone _____ Written Statement _____ Internet Website _____ Fax _____ Other _____
of the payment amount and date of the subsequent debit.

This authorization is to remain in full force and effect until COMPANY has [received written notification from me (or either of us) or other type of authorized notification] of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

Print or Type Individual Name(s) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please Attach Copy of Voided Check to This Form

Or

Attach Debit Information from Your Bank