



City of Lavon

P.O. Box 340 ~ 120 School Rd.
 Lavon, TX 75166

Office (972) 843-4220 ~ Fax (972) 843-0397
 leann.mcclendon@cityoflavon.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Name	Company ID	
<p>I (we) hereby authorize _____ hereinafter called COMPANY, to initiate debit and or credit entries to my (our) <input type="checkbox"/> Checking Account / <input type="checkbox"/> Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p>		
Depository Name	Branch	
City	State	Zip
Routing Number	Account Number	

Routing No. ⑆011000111⑆
Bank Account No. 011000111⑆
Check No. 0110

This authorization 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 such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Payment Date _____ Payment Amount _____ Number of payments _____

Name _____
 (Please Print)

Address _____

Signature _____

Date _____