

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT/ DEBIT

FOR

THE CITY OF GALVESTON		
I (we) hereby authorize <u>The City of Galveston</u> , hereinafter called <u>COMPANY</u> , to initiate credit/debit entries and to initiate, if necessary, debit entries and		
adjustments for any credit entries in error to my (our) Checking Savings		
Account (select one) indicated below and the depository name below, hereinafter		
called DEPOSITORY , to credit and/or debit the same to such account.		
BANK NAME	CITY,STATE, ZIP CODE	
TRANSIT/ABA# (ROUTING NUMBER)	ACCOUNT NUMBER	
% If you only have one bank and account then it will be 100%. If you have more than one bank and account, specify amount or percentage for this account. This authority is to remain in full force and effect until <u>COMPANY</u> has received written notification from me (or either of us) of its termination in such time and in such manner as to afford <u>COMPANY</u> and <u>DEPOSITORY</u> a reasonable opportunity to act on it. EMPLOYEE NAME(S) Please Print CITY I.D. NUMBER		
SIGNED DATE		
To be filled out for cancellation <u>ONLY</u> : Effective, I no longer wish to have my check direct deposited to my account.		
	Employee Signat	ture Date