

WEATHERFORD MUNICIPAL UTILITY SYSTEM
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the City of Weatherford (CITY), to initiate debit entries to my (our) ____ Checking or ____ Savings account (select one) indicated below at the Depository named below, and further authorize the Depository to debit the same.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

NAME ON ACCOUNT _____

ROUTING NUMBER _____ ACCOUNT # _____

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

SIGNED _____ DATE _____

SIGNED _____ DATE _____

CITY OF WEATHERFORD ACCOUNT # _____