

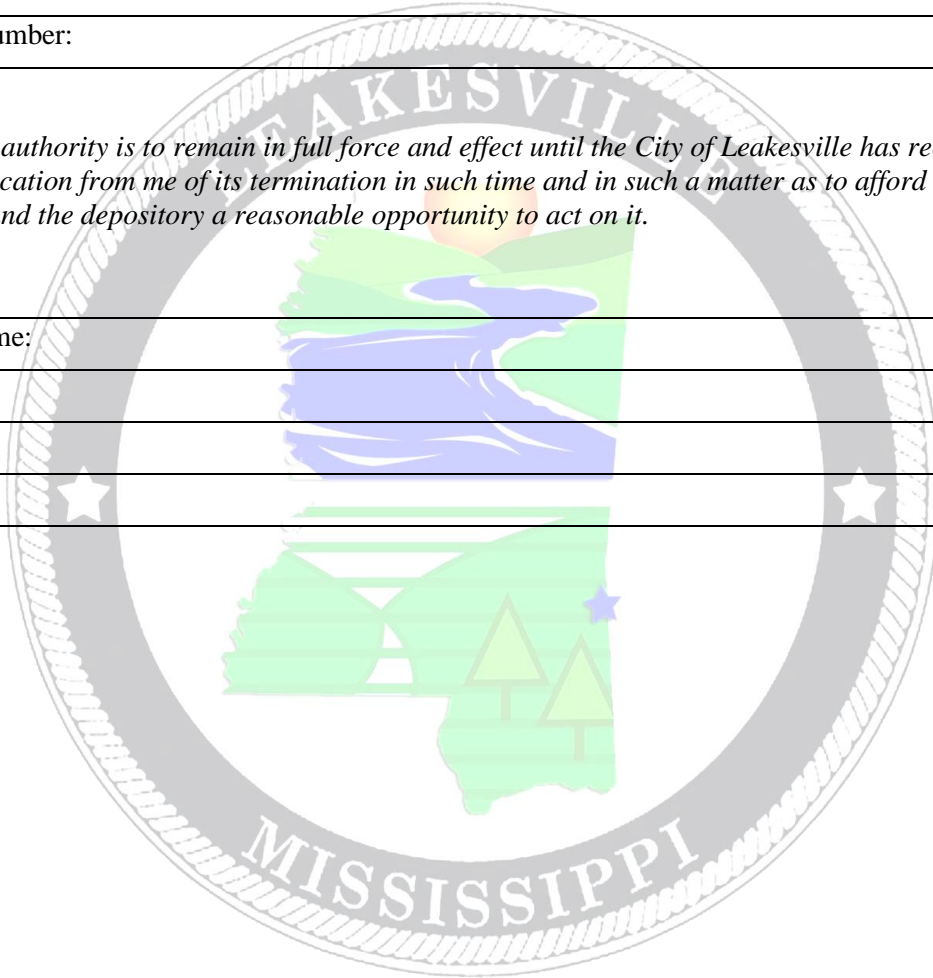
Authorization Agreement (Bank Draft)

I hereby authorize, the City of Leakesville, to initiate debit entries from my checking account indicated below;

Depository:
City:
State:
Transit/ABA Number:
Account Number:

This authority is to remain in full force and effect until the City of Leakesville has received written notification from me of its termination in such time and in such a matter as to afford the City of Leakesville and the depository a reasonable opportunity to act on it.

Printed Name:
Signature:
Account #:
Date:



Office Use

Date received:
Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date effective:
Initials: