



CITY OF LAURIE
147 S MAIN ST. STE B
LAURIE, MISSOURI 65038
(573) 374-4871 - (573) 374-5093 FAX

AUTHORIZATION AGREEMENT FOR PAYMENTS

I (we) hereby authorize the City of Laurie, hereinafter called **CORPORATION**, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until **CORPORATION** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **CORPORATION** and **DEPOSITORY** a responsible opportunity to act.

In the event that the depository account does not have sufficient funds to cover the monthly payment it will be your responsibility to manually pay the bill. Debits will be made on the 10th day of the month or the first working day thereafter.

NAMES(S) _____ ACCOUNT NO. _____

DATE _____ SIGNED _____

PLEASE ATTACH VOIDED CHECK HERE*