

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENT

Company Name _CITY OF FRANKLIN _____ Customer Account # _____

I authorize _CITY OF FRANKLIN _____, hereinafter called COMPANY, to initiate debit entries to my (our): (select one) Checking Account or Savings Account indicated below, at the depository Financial Institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustment for any transactions debited in error.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing /Transit Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time, and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name (s) _____
(Please Print)

Customer Signature _____ Date _____

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

ATTACH VOIDED CHECK HERE