

Debit Authorization

I (we) hereby authorize the City of De Soto, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below hereinafter called Financial Institution, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACHJ transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Routing Number

Account Number

Type of Account _____ Checking _____ Savings

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

Home Address

Daytime Phone #

Home Phone #

Signature

Print Individual Name

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

- All written debit authorizations must provide that the Receiver may revoke authorization only by notifying the Origination in the manner specified in the authorization
- Single entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.
- The underlined language in the authorization above represents the disclosure requirement associated with the clarification OFAC economic sanction policies upon ACH Network Participants.