

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS)

COMPANY NAME: TOWN OF MEETEETSE FEIN: 83-6000079

I (we) hereby authorize TOWN OF MEETEETSE., hereinafter called TOWN, to initiate debit entries to my (our) () checking () savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

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

NAME(S) _____
(Please Print)

AUTHORIZATION _____ DATE _____