

CITY OF FAIRFAX

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH DEBITS)

NAME CITY OF FAIRFAX ID# 41-6005146

I (we) hereby authorize **City of Fairfax** to initiate debit entries to my (our) account Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

(Please attach a voided check)

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

NAME _____ SOC. SEC. # _____

DATE _____ SIGNATURE _____

SIGNATURE _____

NOTE: Debit authorizations **must** provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.