



**AUTHORIZATION AGREEMENT  
DIRECT PAYMENT (ACH DEBITS)**

I (we) \_\_\_\_\_ hereby authorize the City of Hudson Oaks to debit entries to my (our) account, indicated below, and the financial institution named below to debit same from such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution Name / Branch

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_ Savings \_\_\_\_\_ Checking \_\_\_\_\_  
Routing # Account #

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

\_\_\_\_\_  
Print individual name

\_\_\_\_\_  
Print individual name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF A VOICED CHECK TO THIS FORM.**