

**AUTHORIZATION AGREEMENT FOR AUTOMATED DEBITS**

COMPANY  
NAME: CITY OF CLIFTON

ACCOUNT  
NUMBER: \_\_\_\_\_

I (we) hereby authorize the City of Clifton, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) \_\_\_ Checking \_\_\_ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY  
NAME: PEOPLES BANK

BRANCH: CLIFTON

CITY: CLIFTON

STATE: TN

ZIP: 38425

TRANSIT/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_

\_\_\_\_\_  
Signed

Date: \_\_\_\_\_

**Please attach a voided check or deposit slip to be used to verify routing transit and account number information.**