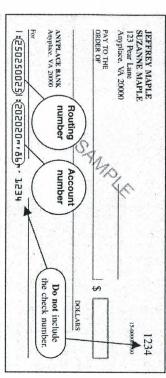
ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Individual ID Number: (To be completed by City of Laurel)	Name(s): In Please Print
This authorization is to remain in full force and effect until CITY OF LAUREL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY OF LAUREL and DEPOSITORY a reasonable opportunity to act on it.	This authorization is to remain in full force and effect until CITY OF LAU notification from me (or either of us) of its termination in such time and CITY OF LAUREL and DEPOSITORY a reasonable opportunity to act on it.
Work Phone:	Daytime Phone:
Account Number:	Routing Number (9 <i>Digits</i>):
State: Zip:	City:
Branch:	Depository Name:
I (we) hereby authorize THE CITY OF LAUREL, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter 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.	I (we) hereby authorize THE CITY OF LAUREI to my (our) Checking Account / Savings financial institution named below, hereinafter caccount. I (we) acknowledge that the origination with the provisions of U.S. law.
	CITY OF LAUREL

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.



Note. The routing and account numbers may be in different places on your check.