AUTHORIZATION AGREEMENT FOR DIRECT ACH DEBITS

I (we) hereby authorize the City of Moberly 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 indicated below and further authorize the depository named below to debit and/or credit the same to such account.

Originating Depository: Bank of Cairo & Moberly
207 E Rollins
Moberly, Mo 65270

Federal Route Number
081000045

Customer Bank Name:_____

Customer Bank Transit/ABA Number: _____ Bank No____

Customer Bank Account Number:_____

(Please attach a voided check with authorization)

__*Savings* *or* __*Checking*

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

Water Account Number:_____

Customer Billing Name (Please Print):_____

Day time telephone number:_____ Date:_____

Signature of Customer : _____

Signature of Guardian or Care Giver Authorizing Agreement: _____

We are pleased to provide this service to all of our customers .If you have any questions please call the City of Moberly.

Bank List is on Reverse Side