

CITY OF SOCIAL CIRCLE

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name: _____

Customer ID Number: _____

DIRECT PAYMENTS

I (We) hereby authorize City of Social Circle, hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Account

Savings Account

indicated below at the depository financial institution named below, hereinafter called Pinnacle Bank, and to debit the same to such account. I (We) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: _____ Branch: _____

City: _____ State: _____

ZIP: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until City of Social Circle 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 Social Circle and Pinnacle Bank a reasonable opportunity to act on it.

Property Address: _____

Name(s): _____

Phone Number: _____

ID Number: _____

Signature: _____ Date: _____

City of Social Circle Representative: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.