ACH DEBIT AUTHORIZATION AGREEMENT

% O	2250 Salata Sala			
AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)				
COMPANY NAME	COMPANY ID NUMBER			
TOWN OF CALLAHAN	596002273			
I (we) hereby authorize Hereinafter called COMPANY, to initiate debit entries in the amount of my monthly lease charges due, to my (our) Checking Account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account. DATE OF WITHDRAWAL:				
DEPOSITORY NAME BRANCH	TRANSIT/ABA NUMBER			
CITY, STATE, ZIP CODE	ACCOUNT NUMBER			
ACCOUNT TYPE CHOOSE ONE:				
WITHDRAWAL TO BEGIN				
This authority is to remain in full force and effective until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination 10 days prior to the next scheduled Debit transaction. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY 10 days prior to the next scheduled Debit transaction. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.				
☐ AMOUNT OF WITHDRAWAL: \$	IDENTIFICATION NUMBER/SSN			
□ VARIABLE AMOUNT WITHDRAWN				
☐ VARIABLE AMOUNT WITHDRAWN MIN: \$ MAX: \$	Date			
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)			
ADDRESS	ADDRESS			
SIGNATURE	SIGNATURE			
X	x			
CANCELATION ACKNOWLEDGEMENT FOR TERMINATING PRE-ARRANGED PAYMENTS (ACH DEBITS)				

CANCELATION ACKNOWLEDGEMENT		FOR TERMINATING PRE-ARRANGED PAYMENTS (ACH DEBITS)		
I,		here by give notice of ACH Debit termination. I		
give authorization for (Month)	,	to be the date of	f the last ACH Debit from	
the bank account I provided above.				
SIGNATURE DATE	E	SIGNATURE	DATE	
X		X		
CANCELATION MUST BE GIVEN TO SCHEDULED DEBIT TRANSACTION LISTED A	BOVE		10 DAYS PRIOR TO	