

DEBIT ENTRY AUTHORIZATION

Company _____

I hereby authorize the City of Syracuse, KS, hereinafter called Company, to initiate monthly _____ or semi-monthly ___ Debit entries from my(____) checking or (____) savings account (**select one**) in the amount of \$_____ beginning _____ (date) from the financial institution named below hereinafter call the DEPOSITORY to credit the account named above. I acknowledge that the origination of ACH transitions to and from my account must comply with the provisions of the U.S. law.

DEPOSITORY NAME: _____

ACCOUNT HOLDER NAME: _____

CITY: _____ STATE _____ ZIP _____

This authority is to remain in full force and effect until COMPANY has received written notification from me for termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ DATE _____

SIGNATURE: _____