



Discover ★ Enjoy ★ Celebrate!

P.O. Box 178 • 114 WOODHULL STREET • LAINGSBURG, MICHIGAN 48848-0178

PHONE (517) 651-5374 • FAX (517) 651-5604

www.laingsburg.us

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME: City of Laingsburg

I (we) hereby authorize the City of Laingsburg to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our account indicated below, and for the depository bank named below to credit and/or debit the same to such account.

DEPOSITORY (Bank) NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ - _____ - _____

ACCOUNT NO. _____

<input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Select One</i>
--

This authority is to remain in full force and effect until the City of Laingsburg 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 Laingsburg a reasonable opportunity to act on it.

NAME(S) _____

PLEASE NOTE: It is YOUR responsibility to inform the City of Laingsburg of any changes to your deposit account information. If a change occurs that hinders the transaction and results in a fee charged to the City, such fee will be deducted from your next deposit amount.

SIGNED _____ DATE _____