

Debit Authorization

I (we) hereby authorize the City of Long Pine, hereinafter called "Company," to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Financial Institution Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Account: Checking Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Signature) (Date)

(Print Individual Name) (Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM