

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(AUTOMATIC WITHDRAWS & ACH DEBITS)**

I hereby authorize the Village of Loomis, hereinafter called COMPANY, to initiate monthly debit entries from my (our) account indicated below and the financial institution name below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account.

ACCOUNT INFORMATION:

(Financial Institution Name)	(Branch)	

(Address)	(City/State)	(Zip Code)

(Routing Number)	(Account Number)	

Type of Account: ___ Checking ___ Savings

I acknowledge that my account will be debited on the 10th of every month. This authority is to remain in full force and effect until COMPANY and FINANCIAL INSTITUTION have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name or Names on Account)

(Village of Loomis Account Number)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!