

# Authorization Agreement for Direct Payment

## City of Concordia

I (we) hereby authorize City of Concordia, hereinafter called Company, to initiate debit entries to my (our) \_\_\_ Checking \_\_\_ Savings account (select one) indicated below and the depository named below, hereinafter called Depository, to debit same to such account.

**\*\*ATTACH A VOIDED CHECK\*\***

This authority is to remain in full force and effect until Company and Depository 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 Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date