CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

| Direct Payment via ACH is the transfer | of funds from a consum | ner account for the purpose of |
|--|------------------------|--------------------------------|
| making a payment. | | |

| Check one: | | Begin Payment | | Change Information | |
|--|-------|---------------------------|---------------------------|---|--|
| I (we) hereby auth debit my (our) acc correct erroneous | count | (and, if necessary, to el | City c ectronically cr | of Grey Eagle to electronically edit my (our) account to | |
| □ Checking Account / □ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all United States law and applicable law. | | | | | |
| Depository Name: | | | | | |
| Routing Number: Account Number: | | | | | |
| Name(s) on the Account: | | | | | |
| Amount of debit(s) or method of determining amount of debit(s) (or specify range of acceptable dollar amounts authorized): | | | | | |
| Date(s) and/or frequency of debit(s): | | | | | |
| I (we) understand that this authorization will remain in full force and effect until I (we) notify City of Grey Eagle in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that City of Grey Eagle requires at least 30 days prior notice in order to cancel this authorization. | | | | | |
| Name(s): | | | | | |

(Please Print)

Date: ______ Signature(s): ______

NOTE: WRITTEN CREDIT AND DEBIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.