



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS  
(DEBITS)

Company: \_\_\_\_\_

TIN: \_\_\_\_\_

I (we) hereby authorize the City of Mendota to initiate debit entries to my account for loan payments and to initiate, if necessary, credit entry adjustments for any debit entries made in error to my (our) account indicated below and the depository institution named below.

Customer Account Name: \_\_\_\_\_

Depository Institution: \_\_\_\_\_

Dep. Institution City/State: \_\_\_\_\_

ABA (Routing) #: \_\_\_\_\_

Account #: \_\_\_\_\_

Please attach a voided check

The authority is to remain in full force until the City of Mendota has received written notification from me (us) of its termination or if loan is paid in full.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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City of Mendota

By: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Signer