

# BANK DRAFT FORM

ACCOUNT # \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CONSUMER NAME(S) \_\_\_\_\_

I(we) hereby authorize CITY OF CUSTER, hereinafter called COMPANY, to initiate debit entries to my(our) Checking/Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ PHONE \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has 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.

CONSUMER NAME(S) \_\_\_\_\_

(PLEASE PRINT)

DATE \_\_\_\_\_

SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

## TERMINATION

This is a written request to the City of Custer to terminate the auto payment effective \_\_\_\_\_

DATE \_\_\_\_\_ SIGN X \_\_\_\_\_



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).