

P.O. Box 37  
Hooks, Texas 75561



Telephone: 903-547-2105  
Fax: 903-547-1107

Authorization Agreement for Auto Draft (ACH)

I (We) hereby authorize the **City of Hooks, 756000561** hereinafter called COMPANY, to initiate debit entries and initiate, if necessary, credit entries for any debit entries made in error to my (our)

Checking                      or                       Savings                      (Select One)

account listed below and the financial institution named below, hereinafter called INSTITUTION, to debit or credit the same to such account.

_____	_____	_____	_____
FINANCIAL INSTITUTION NAME	CITY	STATE	ZIP CODE
_____	_____		
ROUTING NUMBER	ACCOUNT NUMBER		

*Please attach a voided check on the above account in order that we may verify the numbers provided!*

This authority is to remain in full force and effect until COMPANY has received written or verbal (with verification) notification from me (or either of us) of its termination in such time and in such manner as to allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

_____	_____
Name(s) on Account (Print)	
_____	_____
Signature(s)	
_____	_____
Date	