

**City of Florence \* 250 Highway 101 \*Florence, Oregon 97439  
Phone 541-997-3436 \*\*\* Fax #: 541-997-6814**

**BANNER BANK**

**Authorization Agreement for Automated Payments (ACH Debit)**

Company Name: **CITY OF FLORENCE** Customer Account No: \_\_\_\_\_

I/we hereby authorize the City of Florence (Company), to initiate debit entries to my/our  
\_\_\_\_ **Checking** \_\_\_\_ **Savings** (select one) indicated below, and authorize the financial  
institution named below ("Bank"), to debit same to such account.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing/ABA No: \_\_\_\_\_ Account No: \_\_\_\_\_

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

\_\_\_\_\_  
Name(s) **PLEASE PRINT**

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK**