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

OREGON PACIFIC BANKING COMPANY

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