AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize __The Town of New Durham____, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address) (City/State) (Zip)

_____
(Name on Account)

_____ _____
(Routing Number) (Account Number)

Type of Acct: ____Checking ____ Savings

Amount: _____

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

_____
(Print Individual Name)

_____
(Signature)

_____
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM