



DIRECT PAYMENT AUTHORIZATION

One Account

I (we) hereby authorize _____, hereinafter called City of Trinity, to initiate debit entries and, if necessary, debit correction and adjustment entries to my account at the financial institution listed below.

(Financial Institution Name)

(Address)

(city)

(State and Zip)

(Routing and Transit Number)

(Account Number)

(Account Type: Loan, Checking, Savings or Share)

This authority is to remain in full force and effect until City of Trinity has received written notification from the recipient of its termination in such a time and manner as to afford City of Trinity a reasonable time to act upon it.

(Signature)

(Printed Name)

(Date)

(Please attach a voided check to this form.)