

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of LeRoy and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before the account is charged.

(Name of Financial Institution) _____ (Branch) _____

(City) _____ (State) _____ (Zip Code) _____

(Signature) _____ (Date) _____

(Name-please print) _____ (Address) _____

Account Number _____ Checking _____ Savings _____

Financial Institution Routing Number _____