



CITY OF GREENSBURG

www.greensburgpa.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC ENTRIES

City of Greensburg

I / we hereby authorize the City of Greensburg to initiate credit debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

Please attach a voided check to this form and return to the City of Greensburg

Financial Institution Information

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA Number: _____

Account Number: _____

Account Type: checking savings

This authorization is to remain in full force and effect until the City of Greensburg has received written notification from me (or either of us) of its termination in such time and in such manner to afford the City of Greensburg a reasonable opportunity to act on it.

Full Name (first, middle, last) – Please Print

Signature (required)

Date