AUTHORIZATION AGREEMENT FOR
PRE-ARRANGED PAYMENTS (ACH DEBITS)

I (we) hereby authorize THE CITY OF WESTLAKE to initiate debit entries to my (our):

_____ Checking

_____ Savings

_____ Negotiable Order of Withdraw (NOW)

Account in the entity named below ("Depository Institution") and authorize the Depository Institution to accept and to debit the amount of such entries to my (our) account.

DEPOSITORY INSTITUTION					CITY			STATE								
ACCOUNT NUMBER																
TRANSIT ROUTING NUMBER																

This authority shall remain in full force and effect until the City of Westlake and the Depository institution have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Westlake and the Depository Institution a reasonable opportunity to act on it, and in no event shall such termination be effective with respect to entries processed by the City of Westlake prior to receipt of notice of termination.

I (or either of us) have the right to stop payment of an individual debit entry by notification to the Depository Institution a reasonable opportunity to act on it prior to charging account.

After account has been debited, I (we) have the right to have the amount of an erroneous debit immediately, provisionally credited to my (our) account by the Depository Institution, provided I (we) send written notice of such erroneous debit to the Depository Institution within 60 days following issuance of the account statement on which said erroneous debit first appears.

The undersigned hereby agree(s) that all entries initialed hereunder are to be governed in all respects by the Rules of Louisiana-Alabama-Mississippi Automated Clearing House Association and agree(s) to be bound thereby.

PLEASE ATTACH VOIDED CHECK

CUSTOMER'S NAME	SERVICE ADDRESS	
SOCIAL SECURITY NUMBER	PHONE NUMBER	DATE
SIGNATURE		

TO BE COMPLETED BY COMPANY

ACCOUNT #																					
LOCATION ID																					
COMPLETED BY										DATE											