CITY OF WHARTON AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

I (we) authorize the CITY OF WHARTON, TEXAS (the CITY) to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account. PLEASE PRINT DEPOSITORY NAME(S) BRANCH ____ CITY____STATE___ZIP___ TRANSIT/ABA NO. ____ACCOUNT NO. ___ The authority is to remain in full force and effect until the CITY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the CITY and DEPOSITORY a reasonable opportunity to act on it. SIGNATURE DATE SIGNATURE DATE () I DO **NOT** WISH TO PARTICIPATE AT THIS TIME. SIGNATURE DATE SIGNATURE DATE **CITY USE ONLY** CUSTOMER ACCT. NO. ____ENTERED BY_____

DATE