

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

I hereby authorize Crystal Lake Township, of Benzie County, Mich., hereafter called COMPANY, to initiate debit entries to my _____ checking account _____ savings account (select one) indicated below at the depository named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____

Depository City _____ State _____ Zip _____

Routing Number _____

Account Number _____

_____ This authorization is to remain in full force from _____, 20__ to _____, 20__; **or**
_____ This authorization is to remain in full force from July 1, 20____ to Feb.28, 20____; **or**
_____ This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it for the following parcel number(s):

10-05-____-____-____, 10-05-____-____-____, 10-05-____-____-____, 10-05-____-____-____

10-05-____-____-____, 10-05-____-____-____, 10-05-____-____-____, 10-05-____-____-____

Name _____
(Please Print)

Address _____

Phone number _____

Date _____ X _____
(Signature)

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.