

ACH Authorization Form

City of Athens
210 Dottie Bednarko Dr.
Athens, IL. 62613

I hereby authorize The City of Athens to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustment for any transactions credited/debited in error. This authority will remain in effect until The City of Athens is notified by me in writing to cancel it in such time as to afford the City of Athens and Alliance Community Bank a reasonable opportunity to act on it.

PAYMENTS WILL COME OUT OF YOUR ACCOUNT ON THE 15TH OF EACH MONTH

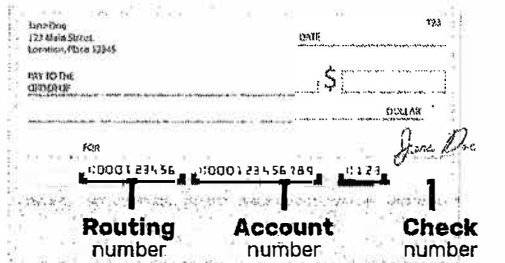
Name of Financial Institution: _____

Address of Financial Institution: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located at the bottom of your check as follows:



Name: _____ Phone # _____

Address: _____ Account Number _____

Signature: _____ Date: _____