

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Name: _____

Address: _____

Phone: _____

I hereby authorize the Village of Coal Valley to initiate credit/debit entries to my (our) Checking/Savings Account, indicated below at the depository financial institution named below.

Checking Account Savings Account.

Depository Name: _____ Branch: _____

City: _____

Routing #: _____ Acct. # _____

Start Date: _____

Signature: _____

Date: _____