

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH DEBITS)

I hereby authorize The Interurban Transit Partnership (THE COMPANY) to initiate debit entries to my (our) checking/savings account at the financial institution (THE DEPOSITORY) listed below. This authority will remain in effect until THE COMPANY is notified by me in writing to cancel it in such time as to afford THE COMPANY and THE DEPOSITORY a reasonable opportunity to act on it.

*** Please complete the following information. Please print. ***

CUSTOMER INFORMATION		
Account Holders Name(s)		
FINANCIAL INSTITUTION INFORMATION		
Bank Name		
Bank Transit Routing Number		
Account Information		or
	Account Number	Checking Savings

Amount of Payment	\$	PER INVOICE	
Payment Date	30th	Of the Month	

Signature _____

Date _____

Please attach a voided check. Thank you!