

CITY OF RUIDOSO DOWNS

AUTHORIZATION AGREEMENT OR DIRECT PAYMENTS (ACH DEBITS)

Company name City of Ruidoso Downs ID Number 85-6002279

I (we) hereby authorize City of Ruidoso Downs, hereinafter call COMPANY, to initiate debit entries to my (our) *Checking Account/Savings Account* (**select one**) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution _____

City _____ State _____ Zip _____

Routing Number (9 digit) _____

Bank Account Number _____

Re-enter Bank Account
Number for Verification _____

This authorization is to remain in full force and effect until COMPANY has received written notification for me (or either of us) of its termination in such time and in such manners as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Utility Account Number _____

Signature _____ Date _____

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

ATTACH VOIDED CHECK