



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS / ACH CREDITS)
CITY OF HUDSON'S UTILITY BILLS

I (we) hereby authorize **City of Hudson**, to initiate debit or credit entries from my (our) Checking/Savings account indicated below and the financial institution name below, hereinafter called **County National Bank**, to debit or credit the same to such account, and if necessary, debit or credit entries for adjustment of errors. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION
NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

BANK ACCOUNT NUMBER _____

ACCOUNT TYPE(Savings, Checking) _____

This authority is to remain in full force and effect until the **City of Hudson** and **County National Bank** have received written notification from me (or either of us) of its termination in such time and in such manner as to afford **City the Hudson** and **County National Bank** a reasonable opportunity to act on it.

NAME _____ Utility Account _____

NAME _____

EMAIL & PHONE _____

HOME ADDRESS _____

DATE _____ SIGNED _____

DATE _____ SIGNED _____