

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

OMB No. 1510-0059  
Expires (8/31/2007)

(AGENCY NAME)

## Paperwork Reduction Act/Privacy Act Statement

The information requested on this form is required under 15 USC, Chapter 41, 12 CFR 205, and 31 CFR 202 and 206, for the purpose of authorizing the Department of the Treasury to designate financial institutions to electronically collect payments from your account. This information will be used to match the records of the government agency with those of the financial institution to direct your payments to the point you authorize. No electronic collection from your account may be transacted unless a signed authorization form is received. Furnishing this information is voluntary, however, failure to furnish this information may delay or prevent the electronic collection of a payment through the Automated Clearing House. You are not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1510-0059. We estimate that it will take approximately 15 minutes to complete this form.

CHECK ONE:

START

CHANGE

STOP

## INDIVIDUAL/COMPANY INFORMATION

INDIVIDUAL/ORGANIZATION NAME: (PLEASE PRINT)

STREET ADDRESS:

CITY/STATE:

ZIP CODE:

TELEPHONE NUMBER:

AREA CODE:

YOUR AGENCY ACCOUNT IDENTIFICATION NUMBER:

TYPE OF PAYMENT:

I hereby authorize the initiation of a deduction from my account and the financial institution named below to debit such account. I understand I will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I also understand that I have the right to stop automatic payment by notifying my financial institution in writing three days prior to the time my account is charged.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME:

STREET ADDRESS:

CITY/STATE:

ZIP CODE:

NINE - DIGIT ROUTING TRANSIT NUMBER:



ACCOUNT TITLE:

ACCOUNT NUMBER:

CHECKING

SAVINGS

SIGNATURE AND TITLE OF REPRESENTATIVE:

TELEPHONE NUMBER:

AREA CODE:

DATE: