

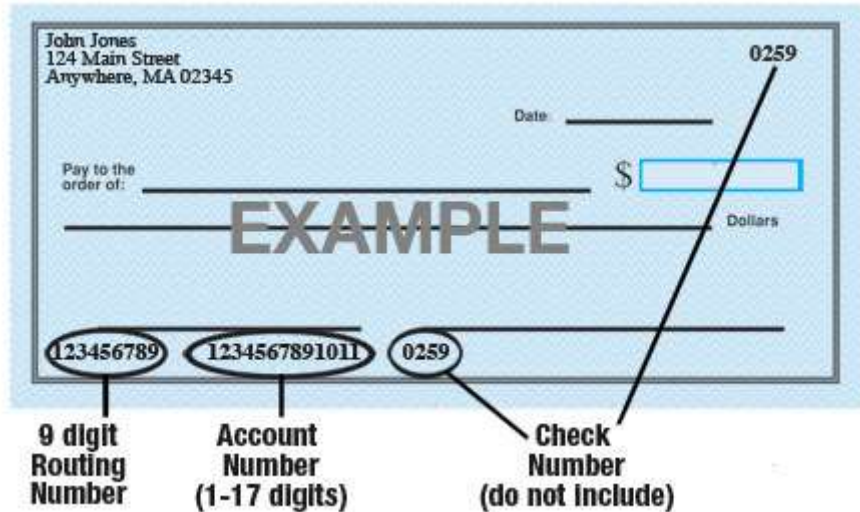
Bank Draft Authorization Form

Please print and complete ALL the information below. Please attach a voided check, if available.

Name: _____ Account # _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

The Town of Salemburg is hereby authorized to draft my payment to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature _____ Date _____