

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

Coastal Bend Council of Government

ID Number: 74 - 1586230

I (we) hereby authorize *Coastal Bend Council of Government (CBCOG)* to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our) **Checking** **Savings account (select one)** indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ ZIP _____

Routing # _____ Account # _____

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

Name(s) _____ I.D. # _____

(Please Print)

Date _____ Signature _____