



AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

This is my authorization to McCormick Commission of Public Works to automatically debit my: ☐ checking ☐ savings account.

_____ at the _____ OF
ACCOUNT NUMBER BRANCH
_____ IN _____, _____
FINANCIAL INSTITUTION CITY STATE
_____.
ZIPCODE

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is an error and requesting credit back to my account.

THE AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

CUSTOMER NAME

SIGNATURE

Date

CUSTOMER ACCOUNT NUMBER