

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name City of San Bernardino	Company I.D. Number 95-6000772
Address (Street) (City) (State) (ZIP) 300 North "D" Street, San Bernardino, CA 92418	

I hereby authorize **The City of San Bernardino**, hereinafter called **City**; to initiate credits entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called **Depository**, to credit and/or debit the same to such account.

Select one: Savings Account Checking

Bank Name (Depository)	Branch
Address (Street) (City) (State) (ZIP)	

TRANSIT ROUTING NUMBERS

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ACCOUNT NUMBER INFORMATION

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voided check must be attached for processing

This authority is to remain in effect until **City** has received written notification from me of its termination in such time and such manner as to afford **City** and **Depository** a reasonable opportunity to act on it.

Print Name	Social Security Number or Employee Number
Date	Signed X