

**Santa Maria Public Airport District
Authorization Agreement For
ACH Debits**

ACH Authorization			
Individual or Company Name:		Individual or Company	<input type="checkbox"/> Individual <input type="checkbox"/> Company (select one)

I (we) hereby authorize: Santa Maria Public Airport District, hereinafter called SMX, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information			
DEPOSITORY NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

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

Name(s): _____ Monthly Amount \$ _____
Please print

Signature(s) **Date**

I (we) wish for this transaction to take place starting on: _____ and to recur:
 once a month, every two weeks, other: _____

CHECK ONE: I am not currently participating in the Automated Payment Program.
 ADD – Debit the account shown.

I am currently participating in the Automated Payment Program.
 CHANGE – Change financial institutions and/or account number.

