

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED DEPOSITS

I (we) authorize the City of Lincoln to initiate credit entries to my (our) checking account indicated below and the names below to post to such account.

Bank Name: _____

City: _____

State: _____

Zip: _____

Routing Number: _____

Account Number: _____

Disclosure

This authority is to remain in full force and effect until the City of Lincoln has received written notification from me (or either of us), 30 days prior to termination and in such manner as to afford the City of Lincoln a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the City of Lincoln prior to receipt of notice of termination.

I (we) further authorize the City of Lincoln to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I (we) authorize the bank to accept and to credit or debit the amount of such entries to my (our) account. I (we) shall within fifteen calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I (we) have the right to stop payment of any entry by notification to bank prior to posting to the account.

The undersigned hereby agrees that all entries hereunder are to be governed in all respects by the Rules of the National Automated Clearing House Association (NACHA), the rules of the Federal Reserve System and the laws of the United States, including the sanctions and embargo programs administered by the office of Foreign Assets Control ("OFAC"), as now or hereafter in effect and agrees to be bound thereby.

Customer/Company Name(s): _____

Authorized Representative(s) Printed: _____ Printed: _____

Date: _____ Signed: _____ Signed: _____

Please attach voided check or bank contact information.

Remittance information contact/contacts:

First/Last Name: _____

First/Last Name: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____