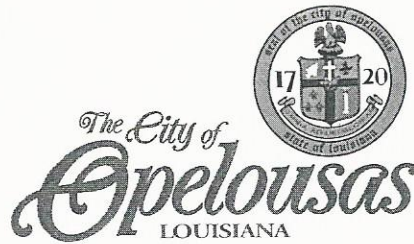


REGINALD TATUM  
MAYOR



105 NORTH MAIN ST.  
P.O. BOX 1879  
OPELOUSAS, LA 70571-1879  
(337) 948-2520  
FAX (337) 948-2593

*Perfectly Seasoned.*

**AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS**

COMPANY NAME **City of Opelousas**

COMPANY ID NUMBER **72-6001035**

I (We) hereby authorize the City of Opelousas, hereinafter called company, to initiate debit entries to my (our) checking account indicated below at the depository named below, hereinafter called depository to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

UTILITY (WATER) ACCOUNT NUMBER: \_\_\_\_\_

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

Name(s): \_\_\_\_\_  
(Print)

ID Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

Customer's Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: THE RECEIVER MAY REVOKE THIS DEBIT AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION. A SIGNED COPY OF THIS AUTHORIZATION MUST BE PROVIDED TO THE RECEIVER.

\* Please return a copy of a voided check or deposit slip with this form.

**BOARD OF ALDERMEN**  
MARVIN T. RICHARD, ALDERMAN AT LARGE • JULIUS ALSANDOR, DISTRICT A • J. TYRONE GLOVER, DISTRICT B • BLAIR BRIGGS, DISTRICT C  
SHERELL ROBERTS, DISTRICT D • JACQUELINE MARTIN, DISTRICT E

*An Equal Opportunity/Affirmative Action Employer*