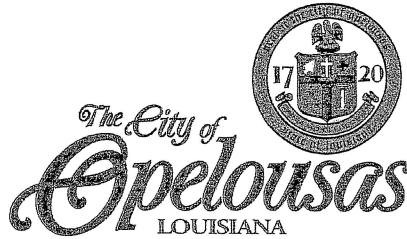


JULIUS ALSANDOR
MAYOR



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 • MILTON BATISTE III, DISTRICT A • FLOYD FORD, DISTRICT B • CHARLES CUMMINGS, DISTRICT C
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An Equal Opportunity/Affirmative Action Employer