

## Authorization Agreement for Preauthorized Payments

**Company:** North Central Regional Planning Commission

**Name:** DBA North Central Kansas Community Network Company

**Company ID:** 48-0808208  
**Number**

I (we) hereby authorize the North Central Regional Planning Commission DBA North Central Kansas Community Network Company, hereinafter called COMPANY, to initiate debit entries to my (our) [  ] Checking or [  ] Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same from such account.

### **DEPOSITORY INFORMATION:**

**NAME OF FINANCIAL INSTITUTION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ABA NO./ROUTING NO.** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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:** \_\_\_\_\_ **NCKCN ID NO.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

Withdrawals will be on the 5<sup>th</sup> of each month, unless this falls on a weekend or bank holiday, then it will take place on the next banking day. Please print, complete in ink, attach a deposit slip or voided check and return to: NCKCN, P.O. Box 565, Beloit, KS 67420.