

Stockton Recreation Commission  
STOCKTON RECREATION & FITNESS CENTER  
AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)



PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM BEFORE  
SUBMITTING AND RETAIN A COPY OF THE FORM FOR YOUR RECORDS

I hereby authorize STOCKTON RECREATION COMMISSION (SRC), to debit entries to my account indicated below and the Financial Institution named below, to debit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution Name                      Address (City, State)                      ZIP

\_\_\_\_\_ Checking    \_\_\_\_\_ Savings  
Type of Account

\_\_\_\_\_  
Routing/Transit Number                      Account Number

Withdrawal will be the 1<sup>st</sup> of the Month or next business day.  
This is a 2-month initial ACH withdrawal agreement.

Total Per Month: \_\_\_\_\_                      Date to Begin: \_\_\_\_\_

This authority is to remain in full force and effect until SRC has received written notification from me of its termination in such time and manner as to afford SRC and Solutions North Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Individual Name                      Signature

\_\_\_\_\_  
Date

Office Only

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