DEBIT AUTHORIZATION FORM

I (we) hereby authorize **The City of Postville,** hereinafter called COMPANY, to initiate debit entries to my (our) [ ] checking [ ] savings (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____   ACCOUNT NO. _____

This authority 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 tie and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DEPOSITOR'S SIGNATURE _____

DATE _____

Complete this form and return with a voided check or deposit ticket