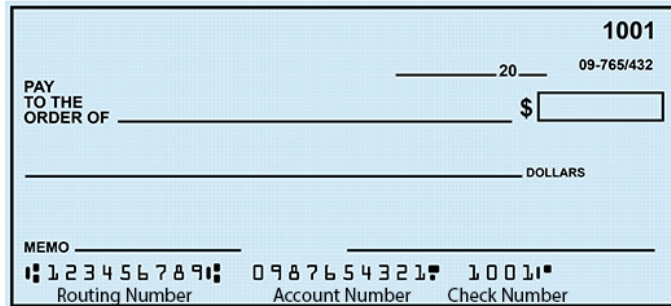


Local Gov Health and Wellness Pre-Authorized Payment Service Authorization Agreement

I authorize Local Gov Health and Wellness and the financial institution listed below to electronically debit or credit my account as specified:

Checking or Savings Account Number
Name of Financial Institution
Enter Routing Number



This authority is to remain in full force and effect until Local Gov and my financial institution have received written notification from me of its termination. This should be done in such time and manner as to afford the Local Gov and the financial institution a reasonable opportunity to act on it.

Local Gov Unit Name (please print)	Local Gov Unit Number
Account Holder Name (If different from unit)	
If signed electronically, I acknowledge and certify the electronic signature process complies with the Alabama Uniform Electronic Transaction Act and the Local Gov rules outlined in the Administrative Guide.	
_____ Account Holder Authorized Signature	_____ Date
_____ Printed Name	_____ Title

Please include a voided check with this form to verify account information for withdrawals from your checking account or a deposit slip for withdrawals from a savings account.

Return this form to: Local Gov Health and Wellness
 Accounting Department
 PO Box 304901
 Montgomery, AL 36130
 accounting@lghip.org