

CREDIT/DEBIT AUTHORIZATION FORM

I _____ hereby authorize the City of Arcola to initiate entries to my checking account at the financial institution listed below and, if necessary, initiate adjustments for transactions credited/debited in error. This authority will remain in effect until the City of Arcola is notified by me in writing to cancel it in such time as to afford the City of Arcola and the FINCANCIAL INSTITUTION a reasonable opportunity to act on it.

Name

Address

(Name of Financial Institution)

(Address of Financial Institution)

Routing Number: _____

Account Number: _____

Amount per Transaction (**Maximum Dollar Amount**): _____
(Must be actual number, only bill amount will be withdrawn. For bills over MDA the remainder due by 10th)

Frequency: **10TH of Every Month**

Signature: _____ Date: _____

PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP FROM FINANCIAL
INSTITUTION