

## CREDIT / DEBIT AUTHORIZATION FORM

I (we) hereby authorize The City of Bronte to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The City of Bronte is notified by me (us) in writing to cancel it in such time as to afford The City of Bronte and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

### Financial Institution

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

### Customer

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Water Account # \_\_\_\_\_

### Checking / Savings Account

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_