

## AUTHORIZATION FOR DIRECT DEBIT

**Bank account numbers exempt from public record per F.S. 119.07(1)  
(information cannot be released)**

I, \_\_\_\_\_ authorize the **City of Eagle Lake**  
to initiate electronic DEBIT entries, and if necessary, credit entries and adjustments for  
any debit entries in error to my:

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

I acknowledge that the origination of ACH transactions to my account must comply with  
the provisions of U.S. law. This authority will remain in effect until I have cancelled it in  
writing.

Date \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

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

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

Utility Account # \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Staple Voided Check Here**