**AUTHORIZATION FOR DIRECT DEBIT**

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