

City of Lake City

Customer Service

205 North Marion Avenue
Lake City, Florida 32055-3918
Telephone (386) 752-2031 / Fax (386)719-5837

BANK DRAFTING AUTHORIZATION AGREEMENT (ACH DEBITS)

Name(s) on account: _____

I (we) hereby authorize the City of Lake City, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Account ____ Savings Account ____

As indicated below and the depository named below, hereinafter called Financial Institution, to debit and/or credit the same to such account.

Financial Institution _____

City _____ **State** _____ **Zip Code** _____

Transit/ABA No. _____ **Account No.** _____

(A voided check MUST be attached)

This authority is to remain in full force and effect until Company has received written notification from me/us of its termination in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

I wish to cancel my bank draft as of _____.

Verifying information SS# or FDL # _____

Date _____ **Signature** _____

Date _____ **Signature** _____

Account Number _____

CS Staff Initials _____