



Credit/Debit Authorization Form

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

Date: _____

Name on Utility Account

Utility Account Number

Property Address

Name of Financial Institution

Branch: City, State, Zip

Financial Institution Routing Number

Checking/Savings Account Number

Signature

Phone Number

Please include an original voided check with this form.

City use only

Entered by:

Date: