

**CITY OF LAFAYETTE
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize **The City of Lafayette** 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 LAFAYETTE** is notified by me (us) in writing to cancel it in such time as to afford **THE CITY OF LAFAYETTE AND THE FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution – Branch, City, State & Zip

Signature

Date

Please print name

Utility Bill Account #

Please print Address

Checking/Savings Account Number: _____

Financial Institution Routing # _____ (Look between these symbols 1: :1 on the bottom left of your check)

SIGNING THIS BANK DRAFT AUTHORIZATION DOES NOT ENSURE YOUR NEXT BILL WILL BE PAID BY BANK DRAFT. Until your monthly statement indicates (PAID BY BANK DRAFT) in bold print, you will be obligated to make the payment at City Hall.

AUTHORIZATION TO STOP BANK DRAFT

I (we) request to cancel bank draft for account # _____

Name and Address (Please print)

Signature

To reflect the amount drafted, canceling the bank draft or any adjustments made to your account, has to be done four days prior to the due date of your bill.