

**DEBIT AUTHORIZATION FORM**

I (we) hereby authorize the City of Brookhaven (THE COMPANY) to initiate entries from my checking account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY 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)

\_\_\_\_\_  
(Name – PLEASE PRINT)

\_\_\_\_\_  
(Address – PLEASE PRINT)

\_\_\_\_\_  
(Water Dept. Account #)

Amount : varies

Checking Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

(Look between these symbols 1: :1 on the bottom left of your check)