

# Town of Dundee

P.O. Box 1000  
135-141 West Main Street  
Dundee, Florida 33838-1000



Tel. (863) 419-3100  
Fax (863) 419-3105  
Suncom 515-9950

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SS# or Tax ID#: \_\_\_\_\_ Acct #: \_\_\_\_\_

Service Address: \_\_\_\_\_

I (we) hereby authorize the Town of Dundee to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking or savings account listed below and give authorization to the financial institution named below to debit and/or credit the same to such account.

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is to remain in full force and effective until the Town of Dundee has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Town of Dundee and the financial institution named above a reasonable opportunity to act on it.

Name (s): \_\_\_\_\_

Date: \_\_\_\_\_ Signed: X \_\_\_\_\_

Signed: X \_\_\_\_\_

\* Two signatures are required for accounts in joint names.

Attach a voided check below (not a deposit ticket)