

Debit Authorization Form

I (we) hereby authorize **City of Decatur** to initiate entries to my checking 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 Decatur is notified by me (us) in writing to cancel it in such time as to afford City of Decatur and First Bank of Berne a reasonable opportunity to act on it.

Name of Financial Institution

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

Signature

Date

Printed Name

Phone Number

Address

Checking Account Number: _____

Financial Institution Routing Number: _____

(Bottom left hand corner of check)