



## CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize the City of Roanoke to initiate entries to my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until the City of Roanoke and \_\_\_\_\_ a reasonable opportunity to act on it.

(Name of Financial Institution)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution-Branch, City, State & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Address – Please Print)

\_\_\_\_\_  
(Contact Phone Number)

Checking/Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_  
(Located between these symbols 1::1 on the bottom left of your check)

Water Bill Account Number: \_\_\_\_\_

\*\*Please attach a voided check to this form