

## Credit/Debit Authorization Form

I (we) hereby authorize the City of Tuscola (THE COMPANY) to initiate entries to my checking/savings account(s) 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 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.

**PLEASE PRINT:**

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(Name)

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(Address)

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(Name of Financial Institution)

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

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

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(Account Number)

(Checking or Savings)

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(Set Amount)

OR

(Maximum Amount)

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(Signature)

(Date)

Note: There will be a monthly charge of **\$1.00** for this draft service.

**City of Tuscola  
P.O. Box 34  
Tuscola, TX 79562  
(325) 554-7766**