

City of Crystal River

DIRECT PAYMENT AUTHORIZATION

I (we) hereby authorize The City of Crystal River to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

Financial Institution Name _____ Branch _____

Address _____ City/State _____ Zip _____

Routing & Transit Number _____ Account Number _____

Account Type (circle one): Saving/Share Checking/Draft Loan

This authority is to remain in full force and effect until The City of Crystal River has received written notification from the recipient of its termination in such a time and manner as to afford The City a reasonable time to act upon it.

Service Address _____ **Service Account Number** _____

Customer Signature _____ **Printed Name** _____

Date _____

Please attach a voided check or financial institution account verification letter to this form.