

AUTHORIZATION FORM – Automatic Bank Withdrawal

Organization Name: City of Lakeside

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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Effective Date of Authorization: ___/___/_____

Type of Authorization: New Authorization Change Banking Information

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Please Debit Payment from My (check one):

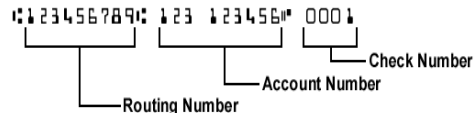
Savings Account

Checking Account

Name of the Bank _____

Routing Number: _____

Account Number: _____



I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I agree to pay any and all overdraft fees, non-sufficient funds fees (NSF) and any other late fees that are accrued due to insufficient funds or issues with my account.

Authorized Signature: _____ Date: _____