



City of Eden

P O Box 915, 120 Paint Rock Street, Eden, Texas 76837
Off: 325-869-2211 | Fax: 325-869-5075

First Pay

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize the City of Eden to initiate entries to my checking/savings accounts 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 City of Eden is notified by me (us) in writing to cancel it in such time as to afford the City of Eden and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

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

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ Maximum Amount: _____

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____

(Look between these symbols | : | on the bottom left of your check)

ATTACH VOIDED CHECK