



City of Fort Oglethorpe  
500 City Hall Drive  
Fort Oglethorpe, GA 30742

**FO or TA  
Account #:  
Received:**

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **THE CITY OF FORT OGLETHORPE** 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 FORT OGLETHORPE** is notified by me (us) in writing to cancel it in such time as to afford **THE CITY OF FORT OGLETHORPE** and the financial institution a reasonable opportunity to act on it.

\*You will be notified by mail PRIOR to the first ACH draft.

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

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

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

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

\_\_\_\_\_  
(Name — PLEASE PRINT)

\_\_\_\_\_  
(Service Address — PLEASE PRINT)

\_\_\_\_\_  
(Billing Address, if different from Service Address — PLEASE PRINT)

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

Financial Institution Routing Number: \_\_\_\_\_

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

PLEASE ATTACH A VOIDED CHECK TO SET UP BANK DRAFT

**FOR OFFICE USE ONLY**

Posted: \_\_\_\_\_ Prenote Sent: \_\_\_\_\_

Active: \_\_\_\_\_