



THE CITY OF CRESCENT CITY FLORIDA

3 NORTH SUMMIT STREET
CRESCENT CITY, FLORIDA 32112-2599

City Hall: (386) 698-2525
Gas Dept: (386) 698-1486
FAX: (386) 698-3467
Fire: (386) 698-1212

SOUTH STATE BANK

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company: City of Crescent City Location: _____

I authorize the above-named origination company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries to my (our) account listed below.

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA NO	ACCOUNT#	ACCOUNT TYPE
_____	_____	_____	CHECK / SAV

LOCATION _____

This authority is to remain in full force until the company has received written notification from me (or either of us) of its termination in such manner as to afford the company a reasonable opportunity to act on it.

NAME(s) _____ UTILITY ACCOUNT # _____

DATE: _____ SIGNATURE: _____

*Nine-digit routing number that appears on the bottom of your check. Please include a voided check along with this authorization.

The monthly transaction will be executed between the 1st and 5th of each month for payment of the preceding month's bill.