

## Immokalee Water & Sewer District Credit/Debit Authorization Form

I hereby authorize Immokalee Water & Sewer District to initiate entries to my checking/savings accounts at \_\_\_\_\_, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Immokalee Water & Sewer District is notified by me in writing to cancel it in such time as to afford Immokalee Water & Sewer District and \_\_\_\_\_ a reasonable opportunity to act on it.

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Bank

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Address-Branch, City, State & Zip

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Signature

Date

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Route #

Effective Date

**Please attach a copy of a cancelled check.**

## Immokalee Water & Sewer District Credit/Debit Authorization Form

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Name- (Please Print)

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Address

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Phone#

Fax#

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Account #

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Comments

6th or 18th or 25th  
Please Circle one