

AUTHORIZATION—Please fill out and return to: Carencro City Hall, 210 East Saint Peters St, Carencro, LA 70520 or mail to: Carencro Utilities Systems, PO Drawer 10, Carencro, LA 70520 or email: [utilities@carencro.org](mailto:utilities@carencro.org).

I (We) \_\_\_\_\_ hereby authorize the City of Carencro to initiate electronic debit entries and if necessary, credit entries and adjustments for any transactions debited in error to my:

\_\_\_\_ Checking Account      \_\_\_\_ Savings Account

This authority will remain in effect until the City of Carencro has been notified by me (us) in writing to cancel it, in such time as, to afford the City of Carencro and the Financial Institution a reasonable opportunity to act on it. **Notice must be given by the 10<sup>th</sup> of the month to avoid electronic debit for that month.**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution-Branch, City, State, & Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Physical Address (PLEASE PRINT)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Financial Institute Routing Number

\_\_\_\_\_  
Accounting Number

STAPLE VOIDED CHECK BELOW HERE:

(Please return with voided check.)