



## CREDIT/DEBIT AUTHORIZATION (EFT Form)

I (we) hereby authorize The City of Roanoke to deduct my membership fees to the Roanoke Recreation Center from my checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited in error.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Address (Street/City/State/Zip) – Please Print

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address of Financial Institution – Branch, City, State, Zip

Type of Membership Sold: \_\_\_\_\_

Amount to be withdrawn per month: \_\_\_\_\_

Start Month: \_\_\_\_\_

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

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

(Look between these symbols 1::1 on the bottom left of your check)

**In order to cancel your next month's EFT Bank Draft, you must complete the Credit/Debit Cancellation Form on or before the 25<sup>th</sup> of the current month.**

\_\_\_\_\_  
Initials