



AUTHORIZATION TO DRAFT, DEBIT OR
TRANSFER FROM MY ACCOUNT BY
FIRST FEDERAL SAVINGS BANK OF
FLORIDA FOR THE CITY OF LIVE OAK.

As a convenience to me, I _____ hereby request and authorize First Federal Savings Bank of Florida, Live Oak, Florida, to draft, debit or transfer from my bank account # _____ at _____ for the amount determined by and due to the City of Live Oak monthly for my utility account # _____. I further agree that First Federal Savings Bank of Florida, Live Oak, Florida shall be under no liability if for any reason this draft, debit, or transfer is not made.

This authorization will remain in effect until revoked by me in writing until First Federal Savings Bank of Florida, Live Oak, Florida has received and has had reasonable time to act on such notice. First Federal Savings Bank of Florida shall be fully **protected in making these drafts, debits, or transfers against my account.**

(Date)

(Your signature as shown on bank account)

NOTE: Please VOID & attach a BLANK check or Deposit Slip to this form for verification of above information.