

MAIL TO:  
<County Fiscal Court>  
<County Address>  
<County City, State, Zip>  
<County Phone>

## ACH COLLECTION/PREAUTHORIZED PAYMENT AUTHORIZATION AGREEMENT

New Agreement

Change Account

Cancel Agreement

### PREAUTHORIZED PAYMENT/DEBIT AGREEMENT

I hereby authorize <County Fiscal Court> ("County") to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until County has received written notification from me of its termination in such time and in such manner as to afford County and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for bill payments to County; and, if necessary, to make adjustments for any entries in error to my account indicated below.

**Select One:**

Checking Account

Savings Account

Financial Institution:

Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit / ABA No. \_\_\_\_\_

Account No. \_\_\_\_\_

Customer:

Name \_\_\_\_\_

TIN/SSN \_\_\_\_\_

Date \_\_\_\_\_ **Signed** \_\_\_\_\_

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below

Transit / ABA No.

Account No.