



## Deschutes County ACH Authorization

I (we) \_\_\_\_\_ (Personal or Company name) hereby authorize(s) Deschutes County to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

Select One: \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

At the depository financial institution named below ("Depository Name"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

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I (we) understand that this authorization will remain in full force and effect until I (we) notify Deschutes County in writing that I (we) wish to modify/revoke this authorization. I (we) understand that Deschutes County requires at least 2 weeks prior notice in order to modify/revoke this authorization.

Printed Name(s) \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

E-mail (remittance advice(s)) \_\_\_\_\_

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In the event that a change is requested to this ACH authorization, Deschutes County will contact the following parties to confirm the changes requested.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_