DIRECT DEPOSIT

STARK COUNTY AUDITOR
AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSIT
(ACH CREDITS)

I hereby authorize the Stark County Auditor to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account. ***Payee initials:*** _____

SELECT ONLY ONE: SAVINGS ☐ CHECKING ☐

Bank/Credit Union: _____ Branch _____

City _____ State _____ Zip Code _____

TRANSIT ABA NO _____ ACCOUNT NO _____
(ROUTING AND TRANSIT NUMBER)

This authority is to remain in full force and effect until the Stark County Auditor has received written notification from me of its termination in such time and manner as to afford the Auditor and Depository a reasonable opportunity to act on said notification.

Payee Name _____
(typed or printed)

Date _____ Signature _____

REMEMBER TO:
1. **INITIAL TOP PARAGRAPH.**
2. **ATTACH VOIDED CHECK (checking account)**
3. **ATTACH OFFICIAL DOCUMENT WITH ACCOUNT NUMBER (if savings account)**

Email Address: _____
Invoice detail will be emailed to you 1-2 business days prior to the release of funds

Accounts Payable Accounts Only

Auditor's Use
Vendor Number_____
AO Date/Initials_____

Department's Use
Company Rep_____ Date _____
Number Called_____ Time _____
Dept Employee _____