Authorization Agreement for Preauthorized Payments (ACH Debits)

Company Name: **Scioto County Sanitary Engineer**	Tax ID Number: **31-6400086**

Check One:

☐ ADD (New Preauthorized Debit Participant)	☐ CHANGE (Financial Institution and/or Account #)	☐ DELETE (Cancel Participation in the Program)

NOTE: Due to the time required for company and bank processing, please allow time for processing.

Name(s) – Please Print:		SSN/Tax ID Number: | Sewer Acct. # |
Address:	City/State:	Zip Code:

I (we) hereby authorize **Scioto County Sanitary Engineer,** hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Depository Financial Institution:		Branch:
City:	State:	Zip Code:

Transit Routing Number											**Account Number Information**																	
|:										|:																	

Account Type: ☐ Checking OR ☐ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please attach a voided check for account validation.

Signature: X	Date: