Print Form


**CLERMONT COUNTY AUDITOR'S OFFICE**
**101 E MAIN STREET**
**BATAVIA, OHIO 45103**
**http://www.clermontauditor.org**


# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF CLERMONT COUNTY WARRANTS

- To sign up for ACH/EFT, please provide the information requested in **SECTIONS 1 and 2**
- Any account changes must be reported to the Clermont County Auditor's Office thirty (30) days prior to actual change.
- Payee must keep the Clermont County Auditor's Office informed of any address and bank changes in order to receive important information about benefits and to remain qualified for payments.

## SECTION 1

**A. TYPE OF TRANSACTION** ADD CHANGE DELETE

**B.** _____ _____ _____
NAME OF COMPANY OR INDVIDUAL | COUNTY | (AREA CODE) TELEPHONE

_____ _____ _____ _____
ADDRESS | CITY | STATE | ZIP CODE

**C.** ☐☐☐☐☐☐☐☐☐ **D.** _____
FEDERAL TAX ID OR SOCIAL SECURITY | EMAIL ADDRESS FOR REMITTANCE NOTIFICATION

## SECTION 2

**A.** _____ _____ _____
FINANCIAL INSTITUTION NAME | COUNTY | (AREA CODE) TELEPHONE

_____ _____ _____ _____
ADDRESS | CITY | STATE | ZIP CODE

**B. TYPE OF ACCOUNT** SAVINGS CHECKING

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**C. TRANSIT ROUTING/ABA NUMBER**

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**ACCOUNT NUMBER AT ABOVE INSTITUTION**

- We hereby authorize the Clermont County Auditor's Office to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority to remain in effect until revoked by us in writing to the Clermont County Auditor's Office.

_____ _____ _____
Applicant Signature | Printed Name | Date

**Do Not Write Below This Line—For Clermont County Auditor's Use Only**

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_____ _____ _____ _____
Date Received | Vendor ID Number | Date Entered | Initials