

# **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 (savings account).**

\_\_\_\_\_ **Please provide e-mail for notification of payment**