

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Mecklenburg County Treasurer's Office, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. Please attach a VOIDED CHECK when returned.

Depository
Name _____ Branch _____
City _____ State _____ Zip _____
Routing Account
Number _____ Number _____

Please check the method in which you would like your ACH debited:

 Monthly on the 15th or 30th Amount \$ _____

 One time draft on December 5th and June 5th for the entire amount of taxes owed.

 One time draft on the 15th or 30th of _____ (specify month)

This authorization is to remain in full force and effect until Mecklenburg County Treasurer's Office has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Mecklenburg County Treasurer's Office and DEPOSITORY a reasonable opportunity to act on it.

I (we) understand that if my ACH debit is unsuccessful due to insufficient funds, that I (we) will not be eligible to continue to pay by ACH debit. It will be the decision of the Treasurer as to whether ACH debits will be accepted from me (us) in the future. In addition, I understand that I (we) will be charged a \$35.00 fee if my (our) ACH debit is unsuccessful due to insufficient funds.

Name(s) _____ ID # _____
(Please Print)

Date _____ Signature _____

Home # _____

Cell # _____

Email _____