County of Hamilton

DUSTY RHODES
AUDITOR

AUTHORIZATION AGREEMENT FOR CANCELLATION OF DIRECT DEPOSIT ACCOUNTS PAYABLE

1. FINANCIAL INSTITUTION INFORMATION AND ACCOUNT TYPE

I hereby authorize the County of Hamilton to CANCEL electronic credit entries to my

☐ Checking
☐ Saving

please select only one

account indicated below, and to the financial institution named below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION NAME _____

CITY, STATE _____

ROUTING/TRANSIT NUMBER | | | | | | | | | |

ACCOUNT NUMBER | | | | | | | | | | | | | |

2. SIGNATURE / SSN OR TAX I.D./ DATE

NAME _____
please print clearly

SOC. SEC. NO or Tax I.D. NO | | | | | | | | | |

(MONTH) (DAY) (YEAR)

SIGNATURE _____ | | |

ACSIS:FORM:AACDDP-F
3/1/06