



Tazewell County Vendor ACH Agreement

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS - Deposits to Receiver Account)

COMPANY NAME: _____ COMPANY ID NUMBER: _____

I hereby authorize, Tazewell County, to initiate credit entries (deposits) and, if necessary, debit entries and adjustments for any credit entries in error, to my account at the bank/credit union named below.

BANK OR CREDIT UNION NAME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

9 DIGIT ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____ CHECKING _____ SAVINGS

PAYMENT NOTIFICATION EMAIL: _____

This authority is to remain in full force and effect until Tazewell County has received written notification from the vendor of its termination, in such time and in such manner, as to afford Tazewell County and bank/credit union a reasonable opportunity to act on it.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

Please mail your completed form to:

Tazewell County Finance Department
11 S 4th Street, Suite 120
Pekin, IL 61554

Or you may fax the completed form(s) to our office at (309) 477-3095.