

CALDWELL COUNTY ACH AUTHORIZATION

I hereby authorize Caldwell County, Texas to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until Caldwell County, Texas is notified by me in writing to cancel authorization in such time as to afford Caldwell County, Texas and THE FINANCIAL INSTIUTION a reasonable opportunity to act on it.

BILLING INFORMATION

Billing Address: _____

Phone number: _____ Email address: _____

PAYMENT INFORMATION

Bank Account type: [] Checking | [] Savings

Name of FINANCIAL INSTITUTION: _____

Name on Account: _____

Account number (#): _____

Routing number (#): _____

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Caldwell County, TX. I certify that I will not dispute this scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: _____ Date: _____

ATTACH A VOIDED CHECK TO THIS FORM

Return form once completed with voided check to Caldwell County Accounts Payable

*Address: Caldwell County Accounts Payable
110 S. Main Street - 3rd FLR
Lockhart, TX 78644*