

County of Harnett
P.O. Box 760, Lillington, NC 27546
Phone (910)893-7557 Fax (910)893-3445
ap@harnett.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

Please select one of the following:

___ First time request for ACH payments ___ Request to change ACH payment information

The following bank information applies to:

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Account Information: I hereby authorize the County of Harnett to initiate deposits to the Checking Account described below: **(No Savings Accounts)**

Bank Name: _____

Address: _____

City: _____

Routing/ABA# & Bank Acct # _____

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment **details of all funds deposited** to the above account:

- 1. Name (Printed or Typed): _____
- Email Address: _____
- Title: _____
- Phone #: _____

Term: This authority will remain in full force and effect until the County of Harnett has received written notification of discontinuation and in such manner as to afford the County of Harnett and Depository a reasonable opportunity to act on it.

Officer Name (Printed or Typed) _____

Signature: _____ Title: _____
Phone #: _____ Date: _____