

Electronic Debit & Credit Authorization Form

County of Northampton

Post Office Box 68

Jackson, NC 27845

(252) 534-6341 Office (252) 534-1525 Fax

Check One:	
<input type="checkbox"/> Initial Credit	<input type="checkbox"/> Modification

Owner Information	
Name:	Social Security Number: □□□-□□-□□□□
Address:	
Contact Person :	Telephone Number: ()
E-mail Address:	Fax Number: ()

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
EXACT DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
9 DIGIT ROUTING NUMBER: □□□□□□□□□	
TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
FREQUENCY: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <small>Indicate day of month</small>	
Instructions: I hereby authorize the County of Northampton (hereafter "County") to electronically credit any payments to the bank specified above. This authorization is to remain in full force and effect until the County has received written notification from me of its termination in such time and manner as to afford the County and the bank named above a reasonable opportunity to act upon it.	
I have read, understand and agree to the above statement.	
Signature:	Date:
**Please attach a voided check **	

Please complete and return this form to this address:
County of Northampton
P.O.BOX 68, Jackson NC 27845

