

IMPORTANT!

Please be sure to attach a VOIDED CHECK for checking account.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Individual/or/Vendor

Name: _____

*Valid Email Address: _____

*Mailing address: _____

I (we) hereby authorized CLARK COUNTY AUDITOR/CLARK COUNTY TREASURER, hereinafter called COMPANY, to initiate credit entries to my (our) **Checking** / **Savings** (select one) indicated below at the depository financial institution named, below, hereafter called DEPOSITORY, and to the credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Depository Bank Name:

Routing Number: _____

Account Number: _____

This Authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Recipient Name(s): _____

*Valid Phone # _____

Date: _____ Signature: _____

NOTE: Retain for at least 2 years after termination of last originated entry.

***IT IS YOUR RESPONSIBILITY TO NOTIFY THE COUNTY OF ANY CHANGES IN YOUR PHONE NUMBER OR EMAIL ADDRESS**