

AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Henderson County Finance Department, Hereinafter called COMPANY, to debit entries to my (our) account identified below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account.

(Financial Institution Name)

		Type of Account (please check one below)
_____ (Routing Number)	_____ (Account Number)	Checking <input type="checkbox"/> Savings* <input type="checkbox"/>
		<i>*(must have check writing ability)</i>

This authority 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 manner as to afford

_____ (Name on Account)	_____ (Signatures on Bank Account)
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_____ (Account Number)	_____ (Date)
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RETURN FORM TO: HENDERSON COUNTY FINANCE DEPT.
 113 NORTH MAIN STREET
 HENDERSONVILLE, NC 28792

ATTACH COPY OF A VOIDED CHECK HERE!

When you receive your bill, simply deduct the total due from your check register for the date of the bill.