



Walton County Tax Collector Authorization Agreement for Direct Deposit

NAME

BIDDER #

**SS # (Individual) Or FEIN
(Business)**

EMAIL

PHONE

FAX

I authorize Walton County Tax Collector, hereinafter called Company, to initiate a CREDIT (deposit) entry to my (our) account listed below and to make any such withdrawals directly to my account as are necessary to correct any incorrect deposit by the Company under this authorization.

I further authorize and instruct the financial institution named below, hereinafter called institution, to accept such automatic deposits to and withdrawals from my account by the Company and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for the correctness of any deposits or withdrawals.

ACCOUNT INFORMATION

INSTITUTION TRANSIT/ ABA NO.

INSTITUTION NAME

CITY/STATE/ZIP

ACCOUNT NAME

ACCOUNT NUMBER

I understand that I can cancel this authorization at any time. This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and institution a reasonable opportunity.

DATE

Signature

Company Title (if applicable)