

Authorization Agreement For Automatic Payments (ACH Credit)

Ada County Billing Services

I (we) hereby authorize **ADA COUNTY BILLING SERVICES**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments *for* any credit entries in error to my (our)

checking account, *or* savings account (select one)

indicated below and the depository named below hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA*# _____ CHECKING/SAVINGS ACCOUNT# _____

*The transit/ABA number is the first nine digits printed on the bottom of your check and is followed by your checking/savings account number.

This authority is to remain in full force and effect, until **ADA COUNTY BILLING SERVICES** has received Written notification from me (or either of us) of its termination in such time and in such manner as to afford **ADA COUNTY BILLING SERVICES** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME (S) _____ TRASH COLLECTION ACCOUNT # _____
(PLEASE PRINT CLEARLY)

SIGNED _____ SIGNED _____

DATE _____

Did You Remember To:

- Indicate whether you wish payments to be deducted from checking or savings?
- Include all requested depository and account information?
- Sign and date the form?
- Enclose a **VOIDED CHECK?**
- Mail to Ada County Billing PO Box 2868, Boise ID 83701 or fax to 208-287-6809