



DIRECT DEPOSIT AUTHORIZATION FORM

I/We hereby authorize the Commissioners of St. Mary's County to initiate automatic payment to my checking or savings account as indicated below, at the depository named below. **(Please attach a voided check or deposit ticket. Your request will not be processed without a voided check or deposit ticket.)**

Bank Name _____
Bank Transit ABA Number _____
(First 9 digits in lower left hand corner on slip)
Account Number _____
Account Type (Indicate Checking or Savings) _____

This authorization is to remain in full force and effect until the Commissioners of St. Mary's County receives written notification from me/us of its termination in such time and in such manner as to afford the Commissioners of St. Mary's County a reasonable opportunity to act on it. I/We understand that it is my responsibility to notify the Commissioners of St. Mary's County - Finance Department at PO Box 653, Leonardtown, MD 20650 of any changes to my banking information in writing.

I agree to receive all vendor payments from the Commissioners of St. Mary's County by electronic funds transfer according to the terms of the EFT program. I agree to return to the Commissioners of St. Mary's County any EFT payment incorrectly disbursed by the Commissioners of St. Mary's County. I agree to hold harmless the Commissioners of St. Mary's County and its departments for any delays or errors caused by inaccurate or outdated registration information or by the financial institute listed above.

ALL ACCOUNT HOLDERS MUST SIGN THIS AUTHORIZATION BELOW:

Signed: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____

Tax Id #/SS # _____

Email Address _____
(Required to send remittance advice)

Current Mailing Address _____
