OFFICE OF

KELLY A. LAWVER
CLERK OF COURTS

ADAMS COUNTY COURTHOUSE   **PHONE:**717-337-9806
117 BALTIMORE STREET ROOM 103   **FAX:**   717-334-9333
GETTYSBURG, PA 17325-2313   **EMAIL:**klawver@adamscounty.us

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

Company Name: **Adams County Clerk of Courts**   **Company Tax ID No: 23-2577786**

I, hereby authorize **Adams County Clerk of Courts**, hereinafter called COMPANY, to initiate monthly debit entries to my account(s), indicated below, at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In addition, I authorize the company to initiate credit entries to my account(s) if funds are debited from my account(s) in error.

Complete your account information.

Please debit the following amount; _____, from designated account on the
_____10th or _____25TH (select one) of each month. If the 10th/25th of the month falls on a weekend or holiday, the debit will occur on the following business day.

Checking Account No:_____ OR Savings Account No: _____

Depository Name:

_____City_____State_____Zip_____
    (Customer's Financial Institution)

Financial Institution's Routing Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

Customer Name: _____   Docket Number: _____
              (Please Print)   (only 1 docket # needed for verification)

Email: _____   Phone Number: _(_____)_____ ☐ **Mobile**
    (Notification of payment will be sent if provided)   ☐ **Home**

Signature:_____   Date:_____

PLEASE ATTACH A VOIDED CHECK.