



ACH PRE-AUTHORIZED DRAFTS
AUTHORIZATION AGREEMENT

I hereby authorize Dorchester County, Maryland, hereinafter called County, to initiate debit or credit entries to my checking/savings account indicated below. I also authorize the financial institution named below to execute those same entries to my account.

This authorization is made for the express purpose of paying my obligation to the County, in the amount of \$_____, for _____, and no other purpose or reason.

FINANCIAL INSTITUTION NAME CITY STATE

ROUTING NUMBER (9 digits) ACCOUNT NUMBER

ACCOUNT TYPE (Checking or Savings)

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

COMPANY NAME (if applicable)

SIGNATURE DATE

NAME (please print) TITLE (please print)