

AGREEMENT FOR ACH PAYMENTS (CCD CREDITS)

COMPANY NAME: Kenton County Clerk's Office

I (we) hereby authorize Kenton County Clerk's Office to electronically debit my (our) account(s). I (we) agree that ACH transactions I (we) authorize comply with all applicable law and the NACHA Operating Rules.

ACCOUNT

TYPE OF ACCOUNT (SELECT ONE) CHECKING C|SAVINGS

DEPOSITORY NAME _____

ROUTING # _____ ACCOUNT # _____

NAME(S) ON THE ACCOUNT _____

AMOUNT OF DEBIT (i.e., flat amount or percentage) _____

DATE(S) AND/OR FREQUENCY OF CREDITS

ACCOUNT #2 (if necessary)

TYPE OF ACCOUNT (SELECT ONE) CI CHECKING CI SAVINGS

DEPOSITORY NAME _____

ROUTING # _____ ACCOUNT # _____

NAME(S) ON THE ACCOUNT _____

AMOUNT OF DEBIT (i.e., flat amount or percentage) _____

DATE(S) AND/OR FREQUENCY OF CREDITS

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Kenton County Clerk's Office in writing that I (we) wish to revoke this authorization. I (we) understand that the Kenton County Clerk's Office requires at least 30 days prior notice in order to cancel this authorization.

NAME(S): _____

DATE

SIGNATURE(S)