

AGREEMENT FOR ACH PAYMENT

COMPANY NAME: KENTON COUNTY CLERK'S OFFICE

PLEASE RETURN DIRECTLY TO THE BOOKEEPING DEPARTMENT

1840 Simon Kenton Way STE 1101

Covington, KY 41011

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 SAVINGS

Depository Name: _____

Routing Number: _____ Account Number: _____

Name on the ACCOUNT: _____

Address on the Account: _____

Amount to be Debit (if applicable): _____

ACCOUNT #2 (if necessary)

Type of Account (select one): CHECKING SAVINGS

Depository Name: _____

Routing Number: _____ Account Number: _____

Name on the ACCOUNT: _____

Address on the Account: _____

Amount to be Debit (if applicable): _____

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 to cancel this authorization

Name(s): _____

Date: _____

Signature(s): _____