



Authorization for Automated Deposits (ACH Credits)
of Redemption Checks

VENDOR INFORMATION

Individual/Company Name:

Address:

City:

State:

Zip:

Federal Tax ID:

Social Security Number:

Contact Name:

Phone:

Fax:

Email:

FINANCIAL INSTITUTION INFORMATION – Checking Account Only

Bank Name:

City:

State:

Zip:

ABA Routing Number:

Account Number:

Signature:

Date:

I (we) hereby authorize the Lee County Tax Collector to initiate credit entries and/or correction entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form your payment will be delayed until the funds are returned to the Tax Collector's bank account. If you do not agree with all the above terms and conditions, your ACH agreement will not be accepted.

All future changes to the Financial Institution you have provided to us will require a new Enrollment Form to be completed and returned to our accounting department.

Please return this form to the address below.