

**AUTHORIZATION FOR DIRECT DEPOSIT  
HENDERSON COUNTY DEPARTMENT OF FINANCE**

I, \_\_\_\_\_ do hereby authorize Henderson County Department of Finance to initiate credit entries to my account indicated below and to be deposited into the Financial Institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States Law.

\_\_\_\_\_  
Name of Bank/Financial Institution

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Bank Routing #

\_\_\_\_\_  
Bank Account # 1

\_\_\_\_\_  
Type of Account (Checking or Savings)

\_\_\_\_\_  
Bank Account # 2

\_\_\_\_\_  
Amount

\_\_\_\_\_  
Type of Account (Checking or Savings)

This authority is to remain in full force and effect until Henderson County Department of Finance has received written notification from me of its termination or bank account changes. Changes must be received by the first day of the month to afford Henderson County Department of Finance and the Bank/Financial Institution the opportunity to act on such changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date