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**Shelby County Commission  
ACH Authorization Agreement**

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**Bank / Financial Institution Information**

- Bank / Financial Institution: \_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - Transit / ABA Number: \_\_\_\_\_
  - Account Number: \_\_\_\_\_
  - Account Type:  Checking  Savings
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**Authorization**

I hereby authorize Shelby County Commission to initiate credit entries to the account indicated above for payments owed to me/my company. I also authorize debit entries and adjustments for any credit entries made in error.

This authorization remains in effect until Shelby County Commission receives written notice of its termination in sufficient time to act upon it.

- Authorized Name (Please Print): \_\_\_\_\_
  - Date: \_\_\_\_\_
  - Authorized Signature: \_\_\_\_\_
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**Required Documentation**

To verify your account, attach one of the following:

- A voided check
  - A bank letter or other official documentation from the financial institution confirming account and routing information
  - Email address for payment remittance: \_\_\_\_\_
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- *Shelby County Commission is not responsible for fees or delays caused by incorrect banking information.*
- *For multiple accounts, submit a separate form for each account.*
- *This form may be electronically signed and returned or printed, completed, and mailed.*
- *Ensure that documentation provided matches the account information exactly.*