



Electronic Funds Transfer (EFT) Authorization Form

CASWELL COUNTY LOCAL GOVERNMENT
Attn: Finance Director
PO Box 98
Yanceyville, NC 27379
Telephone: 336/694-4193 Fax: 336/694-1228

I hereby authorize Caswell County Finance Office to:

Direct deposit my pay in the bank account listed below.

Draft payment from the bank account listed below.

I have attached a voided check or deposit slip for the account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change. Also, I grant Caswell County the right to correct any Electronic Funds Transfer resulting from an erroneous payment by debiting or crediting my account.

Name: _____

Address: _____

Business Name: _____

Business Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____

Account Information:

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

New EFT Change EFT

Checking _____ Savings _____ (Check only one)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Bank/ABA Routing Number: _____

COMPANY USE ONLY
Authorizing Signature: _____
Date: _____