



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

NAME	_____
SS#	_____
FEIN	_____

I authorize Walton County Tax Collector, hereinafter called Company, to initiate a CREDIT (deposit) entry to my (our) account listed below and to make any such withdrawals directly to my account as are necessary to correct any incorrect deposit by the Company under this authorization.

I further authorize and instruct the financial institution named below, hereinafter called institution, to accept such automatic deposits to and withdrawals from my account by the Company and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for the correctness of any deposits or withdrawals.

ACCOUNT INFORMATION	
INSTITUTION TRANSIT/ABA NO.	_____
INSTITUTION NAME	_____
CITY/STATE/ZIP	_____
ACCOUNT NAME	_____
ACCOUNT NUMBER	_____
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS

I understand that I can cancel this authorization at any time. This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and institution a reasonable opportunity.

DATE	_____	_____
		Employee Signature

		Company Title