## **Authorization for Electronic Funds Transfer**

1	Action (Check One)	$\square$ Enroll	☐ Change	□ Canc	el	
Vendor	Information (Please	Print of Type)				
Name:						
Address:						
City:			State:	Z	ip:	
Federal II	D#		Contact Pers	son:		
Phone #:_			Fax #:			<del></del>
<u>Financi</u>	al Institution Info	rmation:				
Name:						
Address _						
City:			State:	7	Zip:	
Bank Tra	nsit Number					
Account 1	Number:					
Select one	e: Checking	☐ Savings				
	oy authorize Lancaster (ove to credit the same a		credit entries to	my account i	indicated above and th	ne depository
	sure my account is prop g the Depository Transi				deposit ticket not acce	eptable)
3. I agree to my acc	e to allow Lancaster Coount.	unty to stop payme	ent or posting of	f, reverse or	adjust any entry erron	eously credited
	uthorization is to remain of its termination in suc					
Print Nan	ne: Title (if applicable)					
Signature	:			Date	::	
Please Fa	x remittance informatio	n to the attention of	of		at Fax #	O:
email to _			@			

Mail or fax this form with attached documents to: Lancaster County Clerk

555 South 10<sup>th</sup> Street Lincoln, NE 68508 Fax Number (402) 441-8728

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