

Authorization for Electronic Funds Transfer

Action (Check One) Enroll Change Cancel

Vendor Information (Please Print of Type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal ID # _____ Contact Person: _____

Phone #: _____ Fax #: _____

Financial Institution Information:

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Bank Transit Number _____

Account Number: _____

Select one: Checking Savings

1. I hereby authorize Lancaster County to initiate credit entries to my account indicated above and the depository named above to credit the same account.
2. To ensure my account is properly credited I have attached a **voided check** (deposit ticket not acceptable) containing the Depository Transit/ABA number and my account number.
3. I agree to allow Lancaster County to stop payment or posting of, reverse or adjust any entry erroneously credited to my account.
4. This authorization is to remain in full force and effect until Lancaster County has received written notification from me of its termination in such time and manner as to afford Lancaster County a reasonable opportunity to act on it.

Print Name: _____ Title (if applicable) _____

Signature : _____ Date: _____

Please Fax remittance information to the attention of _____ at Fax # _____ or
email to _____ @ _____

Mail or fax this form with attached documents to: Lancaster County Clerk
555 South 10th Street
Lincoln, NE 68508
Fax Number (402) 441-8728

Contact Tim Genuchi with any questions regarding EFT at (402) 441-7470