



AGREEMENT FOR ELECTRONIC PAYMENTS

AUTHORIZATION OF ELECTRONIC FUNDS TRANSFERS

I hereby authorize Lumpkin County Board of Commissioners to initiate a CREDIT entry to my account as indicated below.

Financial Institution Name _____

Account Title _____

ABA Routing # _____

Account Number _____

Please mark the appropriate account type: Checking or Money Market Savings

This authorization is to remain in effect until Lumpkin County Board of Commissioners has received written notification of its termination.

Authorized Signer _____

Printed Name

Email Address for Remittance Notices _____

Date _____ Vendor Number _____

REVOCAION OF ELECTRONIC FUNDS TRANSFERS*

I hereby revoke Lumpkin County Board of Commissioners' authority to initiate a CREDIT entry to my account.

Effective Date _____

Authorized Signer _____

Printed Name _____

Date _____ Vendor Number _____

*Please allow 10 business days for processing the revocation.