



DeSoto County Board of
County Commissioners

ACH/EFT AUTHORIZATION FORM
For Payments by Electronic Funds Transfer (EFT)

PLEASE COMPLETE THIS FORM AND RETURN TO: DeSoto County BOCC

Or Scan & Email to: m.mcgee@desotobocc.com

201 E. Oak Street, Suite 205
Arcadia, FL 34266
(863) 993-4587

PART 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Type
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Number	

PART 2: Pay - Identification

1. Name		2. Phone Number	
3. Address		4. Account Number	
5. City	6. State	7. Zip	

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the County of DeSoto to withdraw payments on the 5th day of the month or around the first week of the month by electronic funds transfer out of the account specified below and if necessary, debit entries and adjustments for any amounts withdrawn electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 4 - 6 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information.

9. Authorized Signature X	10. Printed Name	11. Date
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PART 4: Financial Institution

12. Financial Institution Name	13. City	14. State	15. Zip
16. Routing Transit Number - -	17. Bank Account Number		18. Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS



The Customer Name, Bank Routing Number, and Customer Bank Account Number on the attached voided check **must match** the information provided in Part 4. If any discrepancies are identified, the ACH setup will be terminated and the customer will need to reapply.

PART 5: Attach a VOIDED check here

Instructions:

- Fill in all fields (1 - 18) legibly and completely. (Keep a copy for your own records)
- Attach a voided check to the front of the form. Make sure that the account number and bank routing numbers at the bottom of the check are the same as indicated in items 16 - 17.
- Send the form to address at top of the form or scan and email to sa.edwards@DeSotoBOCC.com
- Please notify the Finance Department immediately of any changes to your account information.
- Once the set-up has been activated, your payments will be withdrawn via ACH permanently, unless you fill out a new form and indicate that you are changing or cancelling the service.