



Electronic Funds Transfer (EFT) Authorization Form

CASWELL COUNTY LOCAL GOVERNMENT

Attn: Finance Director

PO Box 98

Yanceyville, NC 27379

Telephone: 336/694-4193

Fax: 336/694-1228

I hereby authorize Caswell County Finance Office to directly deposit my pay in the bank account listed below. I have attached a voided check or deposit slip for the account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Caswell County the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Business Name: _____

Business Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____

Account Information:

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

New EFT

Change EFT

Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Bank/ABA Routing Number: _____

COMPANY USE ONLY

Authorizing Signature: _____

Date: _____