



FILLMORE COUNTY FINANCE DEPARTMENT

**PO Box 466
Preston MN 55965
Phone: (507)765-4566
Fax: (507)765-2803
www.co.fillmore.mn.us**

AUTHORIZATION FOR ACCEPTANCE OF ACH PAYMENTS FROM FILLMORE COUNTY

Payee/Vendor Name: _____ Telephone # : _____
Address: _____
Contact Name: _____ Email: _____

Complete this section for *new enrollments* or *changes to financial institution or account information*:

Select one: _____ New Enrollment _____ Financial Institution or Account Change
Bank Name: _____
Bank Address: _____
Bank Routing# : _____ Bank Account # _____
Account Type: _____ Checking Account _____ Savings Account

I, the undersigned, authorize Fillmore County, MN to deposit payments directly to the account indicated above and to correct any errors which may arise from these transactions. I also authorize the financial institution named above to post these transactions to that account. I understand that Fillmore County does not waive any defenses or claims which it may have against me by depositing these payments. This authorization will remain in effect until I notify Fillmore County in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Authorized Signature: _____ Date: _____
Printed Name: _____ Title: _____

Complete this section to *CANCEL* your ACH electronic deposit authorization:

I, the undersigned, hereby cancel the authorization for Fillmore County to originate ACH electronic deposits into my checking/savings account . This cancellation is effective as soon as Fillmore County has had reasonable time to act upon it.

Authorized Signature: _____ Date: _____
Printed Name: _____ Title: _____

Attach a voided check to this form and mail, email or fax to:

Fillmore County Finance Department
PO Box 466
Preston MN 55965
Fax: 507-765-2803
Email: laffeldt@co.fillmore.mn.us
Email: smensink@co.fillmore.mn.us

Office Use Only:
Vendor # : _____
Date Entered: _____
Initials: _____