



ACH ENROLLMENT FORM FOR AUTOMATIC DEPOSITS

Walton County Board of County Commissioners
P.O. Box 1260, DeFuniak Springs, FL 32435

Please fill out form and return to address above or accountspayable@waltonclerk.com

I hereby authorize the Walton County Board of County Commissioners (hereinafter "County") to deposit amounts owed me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by County to my account. In the event that County deposits funds erroneously into my account, I authorize County to debit my account for an amount not to exceed the original amount of the erroneous credit.

NAME _____

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

9 DIGIT BANK ROUTING NUMBER _____

CHECKING ACCOUNT NUMBER _____

EMAIL ADDRESS _____

This authorization is to remain in full force and effect until County and Bank have received written notice from me of its termination in such time and in such manner as to afford County a reasonable opportunity to act.

Signature _____

Phone # _____ Date _____