



**PO Box 466
Preston MN 55965
Phone: (507)765-2664
Fax (507)765-2662
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 Auditor Treasurer
Attn: Julie Schreiber
POB 466
Preston MN 55965
Fax: 507-765-2662
Email: jschreiber@co.fillmore.mn.us

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