

Electronic Funds Transfer (ACH) Authorization

I hereby authorize the Pasco County Tax Collector’s office to electronically deposit redeemed certificate monies to the account listed below. In the event of any error made by the Tax Collector’s office I agree to immediately make any necessary adjustments. This authority will remain in effect until the Tax Collector receives a written notification from me of a change in banking information or termination of this agreement. I understand that it is my responsibility to notify the Tax Collector’s office of any changes in financial institutions or account numbers.

Certificate Holder Information

Bidder Number: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Depository Information

(Please note that we cannot set up International bank accounts for ACH)

Financial Institution: _____

Routing (ABA) Number: _____ Account Number: _____

Type of Account (Please Mark): Checking Account _____ Savings Account _____

Notification of Payment

E-mail address: _____

Fax Number: _____ Attention: _____

Authorization

Authorized Representative Signature: _____

Printed Name/Title: _____ Date: _____

Please return this agreement along with a legible copy of voided check to: Mike Fasano, Pasco County Tax Collector, Attention: Accounting, P.O. Box 276, Dade City, FL 33526 or by fax 352-521-4232