MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608
Canton, Mississippi 39046
601-855-5500 • Facsimile 601-855-5759
www.madison-co.com

ACH Credit (Deposit) Authorization Form
(For payments other than wages)

By signing this form you give Madison County Board of Supervisors (Madison County) permission to deposit funds due to you into the account specified below. Additionally, Madison County is authorized to initiate any debit entries for any credit entries in error to your account.

This authority will remain in full force and effect until Madison County has received written notification from me of its termination in such time and in such manner as to afford Madison County a reasonable opportunity to act on my written notification.

Madison County will submit a notice of deposit (payment) by e-mail to the e-mail address identified below. This notice will contain information about the payment being made to me.

Please complete the information below:

I _____ authorize Madison County to credit my bank account, for payment of delivered goods or services, as indicated below:

Company Name _____ Phone# _____

Email _____

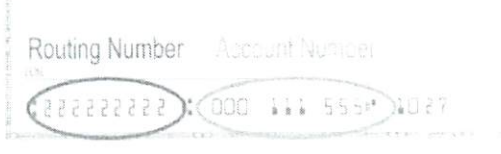
Account Type: ☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____



NAME _____

SIGNATURE _____ DATE _____

John Bell Crosby, *District One*
Ronny Lott, *District Two*
Gerald Steen, *District Three*
Karl M. Banks, Sr., *District Four*
Paul Griffin, *District Five*
Arthur Johnston, *Chancery Clerk*