



Belmont County Auditor's Office

Auditor – Cindi L. Henry

101 West Main Street
St. Clairsville, Ohio 43950

ACH / EFT PAYMENT AUTHORIZATION FORM

Please complete this form to authorize payment by Automated Clearing House (ACH). Return this form along with a completed Form W-9 and a voided check or bank letter.

Vendor Information

Vendor / Business Name: _____

Remittance Address: _____

City, State, ZIP: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Banking Information

Bank Name: _____

Bank Routing Number (ABA): _____

Bank Account Number: _____

Account Type: Checking Savings

Authorization

I certify that the banking information provided above is accurate and I authorize payments to be deposited electronically into the account listed above. I understand that it is my responsibility to notify the payer in writing of any changes to this information prior to payment processing.

Authorized Signature: _____

Printed Name: _____

Title: _____