

AUTHORIZATION FOR DIRECT PAYMENT

_____ (INDIVIDUAL/COMPANY) hereby authorizes and agrees to accept payment(s) by Butts County, Georgia, through electronic funds transfer, directed to the BANK and ACCOUNT NUMBER specified, for any payment obligations Butts County, Georgia, may have to INDIVIDUAL/COMPANY, on the following terms and conditions.

PAYMENTS will be in accordance with and governed by the National Automated Clearing House Associations' Corporation Trade Payment Rules and Article 4A of the Uniform Commercial Code, both as amended from time to time. Butts County, Georgia, may rely on the information provided below and the INDIVIDUAL/COMPANY shall be responsible for any loss that may arise due to such reliance or any error, mistake or fraud in such information. INDIVIDUAL/COMPANY desires, such notice may be accompanied by another executed AUTHORIZATION, in this form, with information different than that provided below to become effective on the date of termination of this AUTHORIZATION. PAYMENTS shall be deemed made by Butts County, Georgia, when BANK receives or has control of the transaction and INDIVIDUAL/COMPANY shall not claim against Butts County, Georgia, that may occur from thereafter. This AUTHORIZATION does not enlarge, diminish or otherwise alter the respective rights or obligations of Butts County, Georgia, or INDIVIDUAL/COMPANY under any commercial agreement, including the agreement, giving rise to the payment obligation for which any PAYMENT is made. Butts County, Georgia, may, at its option, make payments to INDIVIDUAL/COMPANY at any time in other forms (check, etc.) allowable under such agreements. INDIVIDUAL/COMPANY agrees to promptly notify Butts County, Georgia, if it does not receive any PAYMENT that it expected to receive as a result of this AUTHORIZATION. Butts County, Georgia, has the right to adjust future PAYMENTS if it finds any PAYMENT to be a duplicate, in excess of requirements, fraudulent or in error.

As required by the Federal Office of Foreign Asset Control, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Butts County Commission immediately.

Please note, due to timing differences and the process for distribution of payments, new or changed direct deposit authorization may result in one or more paper checks after this form has been submitted. Please do not close your account(s) without giving Butts County Commission two weeks prior notice.

Individual/Company Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____

Phone Number: _____ Email Address (required): _____

Bank Name: _____

Routing No: _____ Acct No: _____ Acct Type: Checking ___ Savings ___

On _____ I authorize Butts County, Georgia, to initiate electronic entries into my account and have agreed to the terms listed above.

Signature: _____ Printed Name: _____