

**DIRECT DEPOSIT ACH
 AUTHORIZATION AGREEMENT**

Taxing District Name and Number: _____

SECTION I: Must be completed. (Please attach a voided check.)

Account Type (Checking or Savings)	Account Number	Nine-Digit Bank Routing Number	100% or Prorated % <small>(If pro-rated, complete Section II and/or III)</small>

Bank Name	Address	City, State, Zip

SECTION II: Firefighters' Pension Fund Bank Information. (Please attach a voided check.)

Account Type (Checking or Savings)	Account Number	Nine-Digit Bank Routing Number	Prorated %

Bank Name	Address	City, State, Zip

SECTION III: Police Pension Fund Bank Information. (Please attach a voided check.)

Account Type (Checking or Savings)	Account Number	Nine-Digit Bank Routing Number	Prorated %

Bank Name	Address	City, State, Zip

I hereby authorize the Will County Treasurer to direct deposit tax distributions to the bank(s) listed above. This includes initiating credit entries and, if necessary, debit entries and adjustments for credit entries made in error to my account. This Authorization remains in force until the Will County Treasurer receives written notification from our Taxing District terminating this Agreement. Upon termination of this Agreement, I realize it may take two weeks to discontinue this direct deposit agreement.

Signature

Date

Name and Title (Please Print)

Phone