

**WILL COUNTY TREASURER
TAXING DISTRICT CONTACT AND ACH AUTHORIZATION FORM**

Please complete the appropriate section below and submit to scoffey@willcountyillinois.com
If your district receives tax money for multiple funds (i.e.: roads, TIF, SSA, etc.) please indicate those names also.
If your district has multiple funds with different deposit accounts, you will need to complete the ACH form for each.

Taxing District Name _____ **Taxing District Number:** _____
Additional Fund names and numbers:

Taxing District Information

Primary Contact Name/Title: _____
Secondary Contact Name/Title: _____
Address: _____
Email: _____
Phone: _____
Website: _____

ACH DIRECT DEPOSIT AUTHORIZATION AGREEMENT **TAXING DISTRICT NAME AND NUMBER**

Section I – Must be completed and a voided check attached. _____

Account Type: Checking _____ Savings _____ 100% or prorated % _____ (If prorated %, must complete section II and/or III)
Account Number: _____ Routing Number _____
Bank Name and Address: _____

Section II – Complete only if prorated % entered in Section I.

Account Type: Checking _____ Savings _____ 100% or prorated % _____ (If prorated %, must complete section II and/or III)
Pension Fund: Firefighter _____ Police _____
Account Number: _____ Routing Number _____
Bank Name and Address: _____

Section III - Complete only if prorated % entered in Section I.

Account Type: Checking _____ Savings _____ 100% or prorated % _____ (If prorated %, must complete section II and/or III)
Pension Fund: Firefighter _____ Police _____
Account Number: _____ Routing Number _____
Bank Name and Address: _____
