

SCHEDULE D
CONSUMER AUTHORIZATION FORM

AUTHORIZATION FOR ACH

Name: _____

I hereby authorize ***BAXTER COUNTY GOVERNMENT***, herein after called "Company", to initiate credit and/or debit entries to my Checking and/or Savings account indicated below and the depository named below, herein after called "Depository", to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States.

Account Information:

Bank Name: _____

Routing and Transit/ABA# _____

Account # _____

Account Type: **Checking** _____ and/or **Savings** _____

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Name: _____

PLEASE PRINT

Date: _____

Signature: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM