



# County of Hamilton

DUSTY RHODES  
AUDITOR

COUNTY ADMINISTRATION BUILDING  
138 EAST COURT STREET  
CINCINNATI, OHIO 45202

## AUTHORIZATION AGREEMENT FOR CANCELLATION OF DIRECT DEPOSIT ACCOUNTS PAYABLE

### 1 FINANCIAL INSTITUTION INFORMATION AND ACCOUNTY TYPE

I hereby authorize the County of Hamilton to **CANCEL** the electronic credit entries to my

Checking     Savings    (Please select only one.)

account indicated below, and to the financial institution named below to credit and/or debit the same such account.

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

CITY, STATE : \_\_\_\_\_

ROUTING NUMBER - 9 DIGITS 

--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### 2 NAME OR COMPANY NAME:

\_\_\_\_\_

please print clearly

### 3 TAX I.D. No. or

SOC. SEC No.:

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### 4 AUTHORIZATION

PRINT NAME: \_\_\_\_\_

please print clearly

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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(Month) (Day) (Year)

PHONE No.:

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