

AUTHORIZATION AGREEMENT

Electronic Data Interchange

Last updated 11/15/2016



New Account Change in Financial Account Change in Organization

Financial Institution: _____

Account Number: _____

Checking Savings

Routing Number: _____

I hereby authorize and request *Salt Lake County* to make automated withdrawal entries of amounts for fees/expenditures (*as noted below*) in the *Recorder's Office* by initiating debit entries to the account indicated above. I hereby authorize and request my financial institution to accept electronic debit entries initiated by the County to the account specified below and to credit the same to the *Recorder's Office*.

Data Services Recording Copies and miscellaneous expenditures

It is understood that I may terminate this agreement at any time by written notification which shall be effective only with respect to entries initiated by the County after receipt of such notification, having had a reasonable opportunity to act on it.

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ Email: _____

Alternative Contact: _____

Phone Number: _____ Email: _____

Name and Title of Authorized Person: _____

Signature: _____ Date: _____

Please submit a voided check with this completed authorization form.

Gary W. Ott • Salt Lake County Recorder
Julie Dole • Chief Deputy Recorder

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