

MONTAGUE COUNTY TAX OFFICE ACH AUTHORIZATION

DEALER NAME: _____

Banking Information - ACH/ECheck

The undersigned authority authorizes Montague County Motor Vehicle Division to deposit ACH credits and withdraw ACH debits to and from the Agency Bank account listed below. The undersigned authority has supplied and hereby confirms the bank account information provided.

Bank Name: _____

Bank Contact Name: _____

Contact Telephone/Email: _____

Street Address: _____

City, State: _____

Zip Code _____

Bank Routing Number: _____

Bank Account/DDA Number: _____

Name on Agency Bank Account: _____

PLEASE PROVIDE A COPY OF A VOIDED CHECK ON THE ABOVE-REFERENCED BANK ACCOUNT

AGENCY'S ACCEPTANCE:

DEALER NAME: _____

Signature: _____

Printed Name and Title : _____

Date: _____

Montague County Motor Vehicle Division:

By: _____

Printed Name and Title: _____

Date: _____