

**WILLIAMSON COUNTY INFORMATION TECHNOLOGY OFFICE
ACH CREDIT/DEBIT BANK DRAFT AUTHORIZATION FORM**

Professional Access Fees

Effective Month Begin Draft: _____
Month Year

(Bank drafts will be deducted on the 1st of each month, if the first falls on a holiday or weekend, the draft will be deducted the next available business day.)

Company Name: _____
ProAccess Login Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: Daytime: _____ Cell: _____

Bank Name: _____ City: _____ State: _____
Financial Institution Routing Number: _____
Checking/Savings* (Circle One) Account Number: _____
Date of Deduction Each Month: 1st
Please circle recurring option: Monthly (1 st of every month)
Quarterly (January 1 st , April 1 st , July 1 st , October 1 st)
Bi-Annually (January 1 st , July 1 st)
Annually (January 1 st)

Please mail this form with a voided check to:

Williamson County Information Technology
1320 West Main Street
Suite 302
Franklin, TN 37064

Or E-mail this form with a voided check to: donnak@williamson-tn.org

I (we) hereby authorize WILILAMSON COUNTY INFORMATION TECHNOLOGY to initiate a Charge or Credit entry to my (our) checking/savings account at the Financial Institution indicated above, and to initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Williamson County Information Technology is notified by me (us) in writing to cancel it in such time as to afford Williamson County Information Technology and the Financial Institution a reasonable opportunity to act on it.

Authorized Account Signature

Date

***For Savings Account enclose a Savings Withdrawal Slip**