

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION



LEONARD PARRISH
DIRECTOR OF HOUSING &
COMMUNITY DEVELOPMENT

ACH AUTHORIZATION FORM – ACCOUNTS PAYABLE

**All fields must be completed – Please print or type
Any changes will require a new form to be completed.**

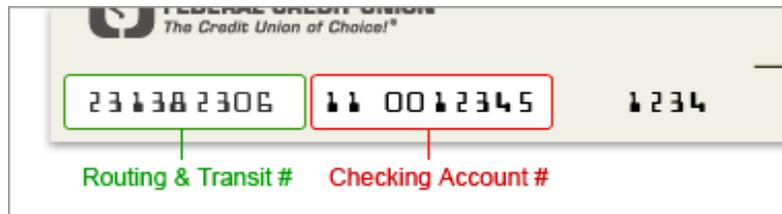
Financial Institution Name (Depository): _____

Account Holder's Name: _____

Type of Account (check one): Checking ____ Savings ____

Routing (ABA) #: _____ Account #: _____

These numbers are located at the bottom of your check as follows:



Name or Company Name: _____

Mailing address: _____

E-mail address: _____

Contact Name: _____ Phone Number: _____

This authorization Agreement will remain in effect until Harford County Maryland is notified by me (us) in writing to cancel it in such time as to afford Harford County Maryland and The Financial Institution a reasonable opportunity to act on it.

In the event that the Accounts Payable Department notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Accounts Payable Department of Harford County Maryland as soon as possible.

Signature _____ Date _____

Return ACH Authorization Form via:

U.S. Mail: Harford County Housing Agency **OR Fax:** (410) 893-9816
15 S. Main Street
Bel Air, MD 21014

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15 South Main Street, Suite 106, Bel Air, Maryland 21014

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