

BARRY GLASSMAN
HARFORD COUNTY EXECUTIVE

BILLY BONIFACE
DIRECTOR OF ADMINISTRATION

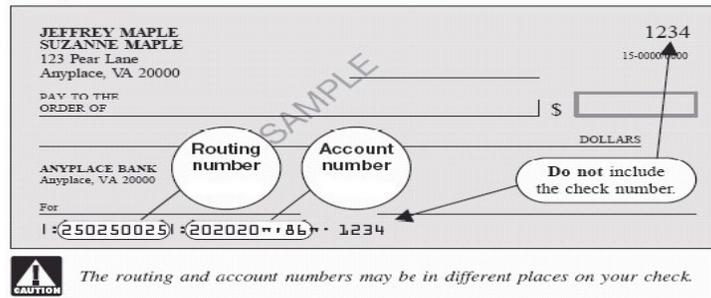


ROBERT F. SANDLASS, JR.
TREASURER

**AUTHORIZATION AGREEMENT FOR ACCOUNTS PAYABLE
ELECTRONIC FUNDS TRANSFER**

Complete the form and sign in the appropriate section. Any future change(s) will require a new form to be completed.

Sample Check



BANKING INFORMATION

Financial Institution Name (Depository): _____

Account holders name: _____

Routing (ABA) #: _____ Account #: _____

Type of Account (check one): Checking OR Savings

APPLICANT INFORMATION

Name or Company Name _____

Mailing address _____

Phone Number _____

Contact Name _____

Email address _____

Signature _____

Created 5/14/20

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