



Town of Harrisburg Direct Deposit (EFT) Form

New Agreement

Change Account

Cancel Agreement

Date: _____

Name: _____

DBA Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Social Security or Federal ID #: _____

By signing below, I hereby authorize the Town of Harrisburg (the "Town") to electronically deposit funds into the bank account provided below. I also authorize the Town to initiate debit entries, if necessary, for any deposits made in error. I also authorize and request the bank listed below to accept any debit or credit entries by the Town to such account and to debit or credit same to such account.

This authorization will remain in full force and effect until the Town has received written notification from me of its termination and in such time to afford a reasonable opportunity to act on it. To cancel or change this authorization, complete and sign this form indicating the required action and return to the address listed below.

I acknowledge that electronic payments to this account must comply with the provision of the U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and affirm that payments made by the Town are not subject to being transferred to a foreign bank account.

Account Type: Checking
 Savings

ABA Routing #: _____

Account #: _____

Signature

Title

Please attach a voided check in this area or supply a bank letter

Please submit the completed form and a copy of a voided check or a bank letter providing confirmation of your account information to: Town of Harrisburg Finance Department, 4100 Main St. Suite 101, Harrisburg, NC 28075 or by email at purchasing@harrisburgnc.org