



ACH PAYMENT AUTHORIZATION
Complete, sign and fax to 843-915-6180

If unable to fax the form, send via **encrypted** email to:
accountspayable@horrycounty.org
Any questions please call 843-915-5181

Name and Phone Number:

E-Mail Address (required for direct deposit):

Business name (if different):

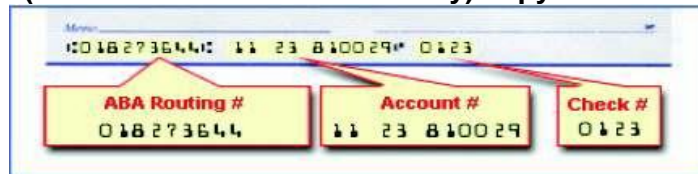
Street Address:

City, State, Zip Code:

Remittance Address (if different):

City, State, Zip Code:

Payment Account Information (for US financial institutions only) copy of voided check required.



Financial institution Name:

Address:

Routing number (nine digit code):

Account Number:

Account Type (circle one)

Checking

Savings

I authorize Horry County Government to deposit my payments to my financial institution electronically. I understand that Horry County Government will reverse any payments made to my account in error. By providing an e-mail address, I authorize notifications of payment(s) posting to my account.

I further understand that the Horry County Government will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution).

Authorized Signature & Date (Required)
