

**AUTHORIZATION AGREEMENT FOR DIRECT DEBITS**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I (we) here by authorize Camden County Clerk's Office, to initiate debit entries to my (our) [ ] Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of payment of Document Recording Fees and Realty Transfer Fees.

ACCOUNT NAME: \_\_\_\_\_

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

This authorization is to remain in full force and effect until Camden County Clerk's Office has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Camden County Clerk's Office and Depository a reasonable opportunity to act on it.

Agreed to and authorized by:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
(PLEASE PRINT)

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: PLEASE INCLUDE VOID CHECK ALONG WITH THIS FORM.**

Please allow 2 to 4 weeks for Direct Debits to be effective. Once effective, County will notify you via Electronic Mail.