

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: _____
(PLEASE PRINT)

NAME: _____

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.