



AUTHORIZATION AGREEMENT FOR ACH PROCESSING

Polk County, Florida



Certificate Holder Name: _____ Bidder # _____

Social Security Number or FEIN: _____

Financial Institution: _____

Checking/Savings Account Name: _____
(must be a U.S. Bank)

Account # _____ Routing Number: _____

I hereby authorize the Polk County Tax Collector to deposit funds into the above referenced account for my certificate redemptions. In the case of a payment cancellation, I will reimburse the Tax Collector for redemption monies received in error and as such the redeemed certificate(s) will be reinstated. This agreement will remain in effect until the Tax Collector has received notification from me in writing and has had a reasonable opportunity to act upon the change or termination of this agreement. I understand it is my responsibility to notify the Tax Collector of any changes in bank or account number.

Authorized signer: _____ Signature: _____
Print Name

Contact person for all issues pertaining to the above: _____ Date: _____

Name: _____

Phone: _____

E-mail: _____

All Redemption Notices will be e-mailed

Please return this agreement to Joe G. Tedder, Tax Collector, PO Box 1189, Bartow, FL 33831-1189