

**FINANCE DEPARTMENT****BILLING DIVISION**

KATRINA M. MEARS  
 BILLING SERVICES & COLLECTIONS MANAGER  
 kmears@sussexcountype.gov

**Sussex County**

DELAWARE  
 sussexcountype.gov  
 (302) 855-7871 T  
 (302) 854-5381 F

**Authorization Agreement For  
 Automated Clearing House Transactions  
 (ACH Debits)**

**Customer Information**

Select type and provide appropriate account number			
General Billing		Sewer Utility	
Customer #		Account #	
Individual/Company Name		Address	
Accounting/ACH Contact Name		City	State Zip
Email Address for Statement (Required) <small>Once enrolled, billing statements will be sent to this address</small>	Phone (Required)		Fax

Above named Customer hereby authorizes Sussex County to initiate Automated Clearing House electronic funds transfer (EFT) debit entries to Customer's account, as indicated below.

**Banking Information**

Checking

Savings

New Setup

Change

Name on Bank Account	
Bank Routing Number*	Bank Account #
Bank Name	

\* Provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.

This authority is to remain in full force and effect until Sussex County has received notification from an authorized person for this account of its termination in such time and manner as to afford Sussex County and your Bank a reasonable opportunity to act on it.

**Customer Authorization:**


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 Authorized Name/Title

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 Authorized Signature

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 Date

Please return completed form to:  
 Sussex County Billing Division  
 PO Box 601  
 Georgetown, DE 19947

Billing Use:	Date Received:	Date Entered:	Entered By:
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