



# AUTOMATIC CLEARINGHOUSE AUTHORIZATION

## Schedule A

### CUSTOMER INFORMATION

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

ENTITY: \_\_\_\_\_ ENTITY CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I hereby authorize :     The South Carolina Association of Counties     to initiate credits/payments to my [  ] checking account or [  ] savings account (please check one).

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an entry made in error. I also authorize the financial institution named below to credit and or debit the same such account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

### ACCOUNT INFORMATION

NAME OF BANK: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

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

ACCOUNT NUMBER: \_\_\_\_\_

This authority will remain in effect until such time as SCAC has received written notification from me or my legal representative, of its termination, or I have received from SCAC or its legal representatives that the plan has terminated. It is further provided that written notification of termination by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Date

✓ **PLEASE ATTACH A VOIDED CHECK**

and return to:

Melinda Suddes, Director of Administrative Services  
South Carolina Association of Counties  
P.O. Box 8207  
Columbia SC 29202-8207  
fax: (803) 252-0379