



**Craven County**  
406 Craven Street, New Bern, NC 28560  
Phone (252) 636-6603 Fax (252) 636-6638  
cwilkie@cravencountync.gov

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)  
AND REQUEST FOR CHANGE TO PAYMENT INFORMATION**

Please select one of the following:

First time request for ACH payments

Request to change ACH payment information

(Please print or type all information)

The following bank information applies to:

Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Account Information:

I hereby authorize Craven County to initiate deposits to the **Checking** Account described below: (No Savings Accounts) **Please attach copy of voided check or letter with account information from the bank.**

Bank Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Checking Acct Number: \_\_\_\_\_

Deposit Notification Information:

I hereby authorize the following individual to receive notification via email of payment **details of all funds deposited** to the above account:

**Name** (Printed or Typed): \_\_\_\_\_

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

Title: \_\_\_\_\_

**Phone #:** \_\_\_\_\_

Term:

This authority will remain in full force and effect until Craven County has received written notification of discontinuation and in such manner as to afford Craven County and Depository a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

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(For County Use)

Vendor Number: \_\_\_\_\_ Date keyed: \_\_\_\_\_ Keyed by: \_\_\_\_\_