



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Certificate holder: _____

SS or TIN/FEI number: _____

Financial institution: _____

Account number: _____ Account type: Checking Savings

Routing number: _____

Must Attach Voided Check

I hereby authorize the Manatee County Tax Collector's office to initiate credit entries to the above referenced account. In case of error, a reversing entry will be made to my account. This authorization will take effect at time of certificate purchase and will remain in full force and effect until the tax collector's office has received written notification from my representative or me and has had a reasonable opportunity to act on the changes or termination of this credit agreement. I understand it is my responsibility to notify the tax collector's office of any changes in my bank or account number.

Signature: _____

Printed name: _____

Phone number: _____

Email address: _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. I understand that a person who knowingly makes a false declaration is guilty of the crime of *perjury by false written declaration*, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.