

# AUTHORIZATION AGREEMENT Electronic Data Interchange

Last updated 07/31/2017



New Account     Change in Financial Account     Change in Organization

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking     Savings

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

I hereby authorize and request *Salt Lake County* to make automated withdrawal entries of amounts for fees/expenditures (*as noted below*) in the *Recorder's Office* by initiating debit entries to the account indicated above. I hereby authorize and request my financial institution to accept electronic debit entries initiated by the County to the account specified below and to credit the same to the *Recorder's Office*.

Data Services     Recording     Copies and miscellaneous expenditures

It is understood that I may terminate this agreement at any time by written notification which shall be effective only with respect to entries initiated by the County after receipt of such notification, having had a reasonable opportunity to act on it.

Organization: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Title of Authorized Person: \_\_\_\_\_

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

*Please submit a voided check with this completed authorization form.*

**Rashelle Hobbs • Salt Lake County Recorder**

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