

# AUTHORIZATION AGREEMENT

## Electronic Data Interchange



**Gary W. Ott**  
Salt Lake County Recorder  
(801) 468-3779

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Fax (801) 468-3335

Salt Lake County  
Government Center  
2001 South State Street  
Suite N1600  
Salt Lake City,  
Utah 84190-1150

I hereby authorize and request *Salt Lake County* to make automated withdrawal entries of amounts for fees for recordation, plats, and miscellaneous expenditures in the *Recorder's Office* by initiating debit entries to the account indicated below. 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*.

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

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

Checking       Savings

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

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 \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Name and title of authorized person \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please submit the authorization form with a voided check.*