

**Authorization Agreement for Direct Deposit (ACH Credits)**

I hereby authorize the Osceola Tax Collector’s office to Direct Deposit redeemed certificate monies to my account listed below and, in the event of an error, make any necessary adjustments. This authority will remain in full force and effect until the Tax Collector’s office has received written notification from me of a change in banking information or termination of the Direct Deposit agreement. I understand that it is my responsibility to notify the Tax Collector’s office of any changes in financial institutions or account numbers.

**Important: Our financial institution cannot deposit into an international account; therefore, you must have an account with a U.S. bank.**

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing No.: \_\_\_\_\_ (Your bank ABA # 9 digits)

Checking Account: \_\_\_\_\_ Account No. \_\_\_\_\_

Email address: \_\_\_\_\_

Tax Certificate Owner (s):  
Print name exactly as it appears on your 1099 form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Please attach:  
Legible copy of checking account **voided check**  
(Copy must correspond with information provided above)