

# DOCUMENT TECHNOLOGY SYSTEMS, LTD

## Authorization Agreement for Electronic Payments

Company Name: \_\_\_\_\_

Company E-mail address: \_\_\_\_\_

I (We) hereby authorize Document Technology Systems, Ltd. hereinafter called COMPANY to initiate debit entries via ACH Debit from my (our) account indicated below and the depository named below hereinafter called DEPOSITORY to debit the same to such account. The remote filing surcharge of \$3.50 per document filed electronically will be absorbed by the Clerk of the Circuit Court of Prince William County Virginia until further notice.

### DEPOSITORY INFORMATION

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

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

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### ACCOUNT INFORMATION

Acct. Type: Checking\_\_\_ Savings\_\_\_

Account #: \_\_\_\_\_

Bank Transit/Routing #: \_\_\_\_\_

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

Bank Holder Address: \_\_\_\_\_

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### FOR NEW ESCROW ACCOUNTS

If you already have an Escrow Account setup with the county, you do not need to fill out this part of the agreement.

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### USERS

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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This authority is to remain in full force and effect until COMPANY has received written notification from me (we) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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

USER ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_