

## DIRECT DEPOSIT AUTHORIZATION

Vendor Name:

I hereby authorize the Fiscal Department of Buckeye Hills Regional Council to direct deposit payment for services rendered to:

Bank Name:	City & State:
Bank Routing #:	
Bank Acct. #:	Checking / Savings (circle one)
Vendor Mailing Address	
Authorized Signature:	
Date:	

Serving Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington Counties in Southeast Ohio 1400 Pike Street | Marietta, OH 45750 | 1.800.331.2644 | 740.373.6400 | fax: 740.373.1594

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