



DIRECT DEPOSIT AUTHORIZATION

AGENCY :

I hereby authorize the Fiscal Department of the Buckeye Hills-Hocking Valley Regional Development District to direct deposit payment for services rendered to:

Bank Name: _____ City & State : _____

Bank Routing # : _____

Agency Acct. # : _____ Checking / Savings (circle one)

(Address Information) Mail check stub to the address listed above.

Authorize Signature : _____

Title : _____

Date : _____

****NOTE - We need the original paperwork returned to our office. Thank You***

Serving Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry and Washington Counties in Southeast Ohio

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