

Magistrate Court Fees EFT Authorization Form



EFT AUTHORIZATION

County Court Information

Court Fees Treasury ID Number: **MAG** _____

Telephone Number: _____ Contact: _____

County Name: _____

Address: _____

E-mail Address: _____

Financial Institution

Routing Number: _____

Account Number: _____

Checking ___ Savings ___ Please Attach a Voided Check

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error into my bank account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit the same any amount(s) owed by me to the State of West Virginia. This authority is to remain in full force and effect until STATE has received written notification from me of its termination in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

(Print Name)

(Authorized Signature)

(Print Title)

(Date)

Please complete form and return to:

WVSTO – EFT Division
315 70th Street SE
Charleston, WV 25304
FAX: 304-340-1509