

County Circuit Court Fees EFT Authorization Form



EFT AUTHORIZATION

County Court Information

Court Fees Treasury ID Number: CF _____

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, and upon notification credit entries as adjustments for any debit entries in error into the bank account indicated above and the Financial Institution named above, hereinafter called DEPOSITORY, to debit the same any amount(s) owed by the Office of the Circuit Clerk of _____ County in accordance with WV Code §59-1-28a to the State of West Virginia. This authority is to remain in full force and effect until STATE has received written notification from the Circuit Clerk of _____ County identified on this form 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