



PLACER COUNTY ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION

www.placer.ca.gov

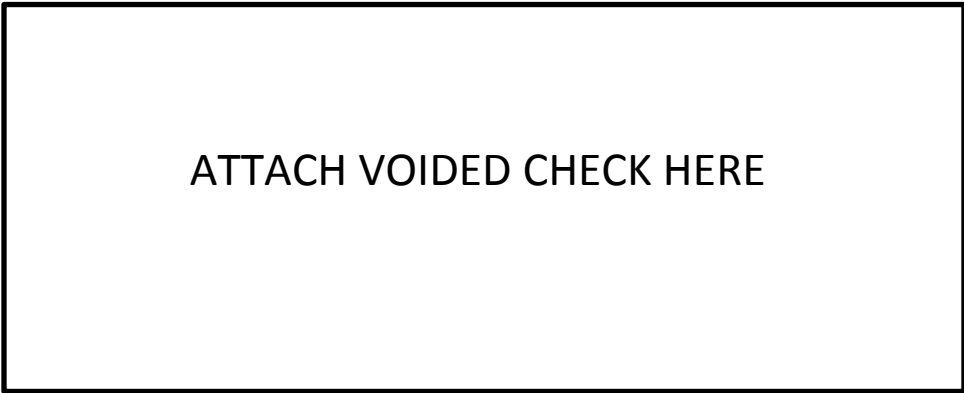
BANK DEBIT AUTHORIZATION AGREEMENT

Instructions:

- Complete the applicable information below
- Attach a voided check or proper documentation provided by your bank indicating account and routing number
- Sign and date form
- Fax to 916-543-3910 or email to TOT@placer.ca.gov with the completed worksheet signed

NAME _____
BUSINESS NAME _____
AUTHORIZED CONTACT _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

CERTIFICATE # _____
ACCOUNT # _____
PHONE # _____
CELL # _____
EMAIL _____



I authorize Placer County Revenue Services to debit my bank account for the amount submitted on the Transient Occupancy Tax electronic worksheet. Each worksheet submitted for automatic debit must have the corresponding authorization box checked for that amount to be debited.

Authorized Signature: _____

Date: _____