AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

EMPLOYEE NAME:				
EMPLOYEE SSN;				
entries and adjustments fo	r any credit entries	s in error to my acco	ries and to initiate, if neces unt indicated below and the t the same to such account	e deposito
ABA TRANSIT NO:	AC	CCOUNT NO:		
ACCOUNT TYPE	_CHECKING	SAVINGS		
DEPOSITORY NAME_				
BEGIN DATE:		≕		
This authority shall rem rom the employee (or join o afford the agency and d	t party if applicabl	le), of its termination	ency has received written no in such time and in such mact on it.	otification anner as
EMPLOYEE SIGNATU	RE			
PLEASE CIRCLE	ADD	CHANGE	DELETE - END DATE	
P	ATTACH VOIDED	BLANK CHECK OR	COPY OF CHECK	
JANE DOE 1000 MAIN STREET ANYWHERE, U. S. A.	10001			0
PAY TO THE ORDER OF			\$	
	·		DOLLARS	
MEMO		-	-	
TRANSIT NO.	ACCOUNT N	10		