

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

Company Name \_\_\_\_\_ Company ID Number \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries to my (our)  Checking Account/  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit or credit the account outside of set payroll periods to make adjustments directly related to my payroll and withholdings for benefits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____	Branch _____
City _____	State _____
Zip _____	
Routing Number _____	Account Number _____
Dollar Amount \$ _____	Starting Transaction Date _____
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name(s) _____	ID Number _____
Date _____	Signature _____
NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT. NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	

Attach voided check for checking account deposit