

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I hereby authorize the Sumner County Finance Department to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, herein called DEPOSITORY, to debit and/or credit the same to such account(s). I also acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the Sumner County Finance Department has received written notification from me of its termination in such time and in such manner as to afford the Sumner County Finance Department and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SSN# _____
(PLEASE PRINT)

SIGNED _____ DATE _____

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS AND A DEPOSIT SLIP FOR SAVINGS ACCOUNTS

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ TYPE: ___CHECKING ___SAVINGS
_____ % OR _____ \$

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ TYPE: ___CHECKING ___SAVINGS
_____ % OR _____ \$

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ TYPE: ___CHECKING ___SAVINGS
_____ % OR _____ \$