

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I/We hereby authorize **Madison County, a Government Entity**, hereinafter called Company, to initiate credit entries and, if necessary, debit correction entry to my/our Checking Account or Savings Account indicated below at the depository institution named below, hereinafter called Depository, and to credit the same to such account. I/We acknowledge that the organization of ACH transactions to my/our account must comply with the provisions of US law.

Depository Name: _____ Branch: _____
City/State/Zip: _____ Routing Number: _____
Account Number: _____ Flat Amount: _____

This authorization is to remain in full force and effect until Company has received written notification for me/us of its termination in such time and manner as to afford Company and Depository a reasonable opportunity to act on it. **If the account is jointly held, all parties must sign this authorization.**

Name(s): _____ ID Number: _____
Date: _____ Signature: _____
Date: _____ Signature: _____

Please attach a voided check or depository institution account verification letter where indicated below.

All written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

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Checking Account:

Please tape a **VOIDED CHECK** here. A voided check supplies the account number and routing information required by the bank to establish your Direct Deposit arrangement.

Savings Account:

Please tape a **VOIDED DEPOSIT** ticket here. A voided deposit ticket supplies the account number and routing information required by the bank to establish your Direct Deposit arrangement. **IF** you cannot provide a voided deposit ticket, please have your financial institution assist you in providing the numbers you will need.

Type of Account: Checking Savings