**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

 **COMPANY NAME TAX ID NUMBER**

|  |  |
| --- | --- |
| WISE COUNTY ADMINISTRATORS OFFICE | 54-6001688 |

**CHECK ONE:**

|  |  |  |
| --- | --- | --- |
| ADD(New Direct Deposit Participant) | CHANGE(Financial Institution and/or Account #) | DELETE(Cancel Participation in the Program) |

**NOTE:** Due to the time required for company and bank processing, please allow one or two pay periods for processing.

I (we) hereby authorize **WISE COUNTY ADMINISTRATORS OFFICE**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

|  |  |  |
| --- | --- | --- |
| **BANK NAME:** |  |  |
| **YOUR EMAIL:** |  |  |
|  |  |  |
|  |  |  |

 **TRANSIT ROUTING NUMBERS ACCOUNT NUMBER INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  CHECKING | SAVINGS |

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This authority 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. Please attach a voided check for account validation.

|  |  |  |
| --- | --- | --- |
| NAME(S)- PLEASE PRINT |  | SSN # |
| ADDRESS | CITY/STATE | ZIP CODE |
| SIGNED |  | DATE |