

Authorization Agreement for Automatic Deposits {ACH Credits}

Company Name _____ City of Paris _____

I hereby authorize **City of Paris**, hereinafter called **Company**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my [] Checking Account or [] Savings Account {select one} indicated below and the depository named below, hereinafter called **Depository**, to credit and/or debit the same to such account.

Depository Name _____ **Branch** _____

City _____ **State** _____ **Zip Code** _____

Transit/ABA Number _____ **Account Number** _____

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such time and in such manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

Company may terminate automatic deposit if employee fails to initial payroll time sheet within one (1) week after deposit.

Name _____ **Department** _____

Date _____ **Signature** _____

EMAIL _____

Please attach a voided check or deposit slip