Authorization Agreement for Automatic Deposits (ACH Credits)



Company Name: Company ID Number:	
credit entries and to initiate, if necessary (our): Checking or Saving	ter & Sanitation District, hereinafter called COMPANY, to initiate ry, debit entries and adjustments for any credit entries in error to gs (select one) account indicated below and the depository name Y to credit and/or debit the same to such account.
Depository Bank Name:	
Branch:	
City: Transit ABA Number:	State: Zip: Account Number:
•	and effect until Company has received written notification from me n such time and in such manner as to afford COMPANY and ity to act on it.
Name(s):	ID Number:
Signed:	Date:
Signed:	Date:

NOTE: Please **attach a voided check** from the account to be credited so that we may verify your bank's Federal Reserve Transit ABA number for automatic deposit processing.

