

# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

## COMPANY

NAME Morrow County Firefighters and Squadsmen Association

I(we) hereby authorize Morrow County Firefighters and Squadsmen Association, 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)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. Funds can NOT be deposited into any mutual fund accounts. If you have more than one direct deposit accounts, please specify the amount you want deposited in this account. The remaining balance will be deposited to the other account.

Amount: \_\_\_\_\_

## DEPOSITORY

NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

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.

NAME (S) \_\_\_\_\_

PLEASE PRINT

Please remember we do not accept deposit slips. A check or a copy of a check is needed for checking. If depositing to a savings acct., ask your bank to give you the Routing/Transit number for your account if no savings account card is giving.

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_