

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Pulaski County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s). I understand company will notify me before a debit entry is made to my bank account.

You may choose as many different depository accounts, any combination of checking or savings, in which to have your pay direct deposited. Please complete all information requested. **You must attach a voided check to guarantee the correct information for your accounts.** You must indicate a specific dollar amount for any account such as \$10.00, or use the terms ALL or REST to represent variable amounts.

Account #1

Depository Institution Name: _____
Address: _____
Phone Number: _____
Account Type: Checking Savings Deposit per pay \$ _____
Transit/ABA No.: _____ Account No.: _____

Account #2

Depository Institution Name: _____
Address: _____
Phone Number: _____
Account Type: Checking Savings Deposit per pay \$ _____
Transit/ABA No.: _____ Account No.: _____

Account #3

Depository Institution Name: _____
Address: _____
Phone Number: _____
Account Type: Checking Savings Deposit per pay \$ _____
Transit/ABA No.: _____ Account No.: _____

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. I have also read the attached Direct Deposit Guidelines and by signing below I am agreeing to these guidelines.

Employee Name: _____ Date: _____
(Please Print)

Signed: _____

Direct Deposit became mandatory February 1, 2007