

HARDIN COUNTY EDUCATIONAL SERVICE CENTER

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYEE NAME _____

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in or to my (our) account or accounts listed below.

FINANCIAL INSTITUTION NAME _____
*TRANSIT/ABA NO. _____ ACCOUNT NO. _____
TYPE OF ACCOUNT
**PERCENT OR AMOUNT IN CHECKING _____
**PERCENT OR AMOUNT IN SAVINGS _____

FINANCIAL INSTITUTION NAME _____
*TRANSIT/ABA NO. _____ ACCOUNT NO. _____
TYPE OF ACCOUNT
**PERCENT OR AMOUNT IN CHECKING _____
**PERCENT OR AMOUNT IN SAVINGS _____

FINANCIAL INSTITUTION NAME _____
*TRANSIT/ABA NO. _____ ACCOUNT NO. _____
TYPE OF ACCOUNT
**PERCENT OR AMOUNT IN CHECKING _____
**PERCENT OR AMOUNT IN SAVINGS _____

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTE a reasonable opportunity to act on it.

Name _____

Date _____ Signature _____

* Nine digit number that appears on the bottom of check or deposit slip

** This is where you designate a percentage of pay or fixed amount depending on your payroll system functions. Percentages must add up to 100%