

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS) FOR THE DIRECT DEPOSIT OF PAY**

COMPANY NAME: Pasco County Board of County Commissioners

I hereby authorize the Pasco County Board of County Commissioners, 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 and/or () Savings account indicated below and **the financial institution named below**, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

Depository name: _____ Branch: (if known) _____
(Bank Name)

City: _____ State: _____ Zip: _____

ABA/Transit No.: _____ Checking Account #: _____
(9 positions)

Dollar Amount or Balance of Paycheck: _____

ABA/Transit No.: _____ Savings Account #: _____
(9 positions)

Dollar Amount or Balance of Paycheck: _____

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 understand this time frame is approximately three weeks.

NAME(S): _____ SOC. SEC. #: _____
(Please Print)

DATE: _____ SIGNED: _____

**TO INSURE PROPER CREDIT, VOIDED CHECK FOR CHECKING ACCOUNT AND A DEPOSIT
SLIP FOR SAVINGS ACCOUNT MUST BE ATTACHED TO THIS FORM.**