

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:	_____	Account#:	_____											
	(Bank Name)													
ABA/Routing No.:	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table>											<input type="checkbox"/> Checking	OR	<input type="checkbox"/> Savings
	(9 positions)													
	Dollar Amount or Balance of Pay:													

Depository name:	_____	Account#:	_____											
	(Bank Name)													
ABA/Routing No.:	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table>											<input type="checkbox"/> Checking	OR	<input type="checkbox"/> Savings
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	(9 positions)													
	Dollar Amount or Balance of Pay:													

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: _____ EMPLOYEE ID #: _____
(Please Print)

DATE: _____ SIGNED: _____

Please Attach
Check and or Savings
Deposit Slip Here.

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