

TOWN OF AVON
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I (we) hereby authorize the Town of Avon to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) indicated below; and the bank named below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

Please write clearly and legibly

100% of NET PAYCHECK deposited to: () CHECKING () SAVINGS

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

OPTIONAL 2ND ACCOUNT FLAT AMOUNT TO: () CHECKING () SAVINGS

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

FLAT AMOUNT \$ _____

If the account specified is not the name of the employee, or is a custodial account for a minor:

Name of the account owner or custodian (please print) _____

Signature - account owner or custodian _____

Date _____

This authority is to remain in full force and effect until the Town of Avon has received written notification from me (us) of its termination in such time and in such manner as to afford the Town of Avon and the DEPOSITORY a reasonable opportunity to act on it.

NAME _____

E-MAIL _____

SIGNED _____ Date _____

*If you have a check, please attach it and write void across it.

