

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)**

Employee Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Transit ABA # \_\_\_\_\_ (9 digits) Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
(PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP)

I hereby authorize the City of Traverse City, 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 \_\_\_\_\_ Savings account (select one) indicated above and the depository named above, hereinafter called Depository, to credit and/or debit the same to such account. 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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Payroll Use Only: Date Received: \_\_\_\_\_ Prenote Date: \_\_\_\_\_