

DIRECT DEPOSIT ACCOUNTS

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME **VICTORIA COUNTY**

COMPANY ID NUMBER **74-6002445**

I (_____) hereby authorize Victoria County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking or Savings accounts indicated below and Depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same account.

BANK (DEPOSITORY) NAME _____

ROUTING NO. _____ **ACCOUNT NO.** _____

(select one) ☐ **CHECKING** ☐ **SAVINGS** _____
% of salary into this 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE #

SIGNATURE / DATE

WITNESS SIGNATURE/DATE

FOR OFFICE USE ONLY:

PRE-NOTE DATE

D.D. TO BEGIN

RETURNED

RE-NOTE

D.D. TO BEGIN

*** Effective Date**
Last Day of Next
Payroll

Next Pay Period

PROOF OF ACCOUNT INFORMATION REQUIRED