

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FOR CHECKING OR SAVINGS ACCOUNTS

COMPANY NAME: ECTOR COUNTY

I (We) hereby authorize **ECTOR COUNTY**, hereinafter called COMPANY, to credit my (our) account with the depository named below. If the COMPANY erroneously deposits funds into my (our) account, I authorize the COMPANY to initiate the necessary debit entries not to exceed the total of the original amount credited.

### For Financial Institution Use Only

Financial Institution			Account Number		Savings <input type="checkbox"/>	Checking <input type="checkbox"/>
Address			Transit Routing/ABA Number			
City	State	Zip Code	Name and Title of Bank Representative (print or type)			
ACH Department Phone Number			Signature of Bank Representative		Date	

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of termination or change in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

**I UNDERSTAND THAT MY LAST PAY CHECK WILL NOT BE DEPOSITED. I WILL HAVE TO SIGN FOR IT IN PERSON.**

NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_