

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

Originating Company Name                      City of Hot Springs

I authorize the above named Originating Company to initiate entries to the account indicated below as follows:

1. They may initiate CREDIT entries, which moves money into my account according to the schedule and other conditions to which the Originating Company and I have agreed.
2. They may initiate DEBIT entries to reverse any transactions they have originated to my account in error.

Name(s) \_\_\_\_\_

Account Number \_\_\_\_\_

Name of Depository Financial Institution: \_\_\_\_\_

Account Type:    Checking                       Savings                       Amount: \$ \_\_\_\_\_

Location of Depository Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please enter your bank's routing and transit number here, or staple a VOIDED CHECK below.\*\* \_\_\_\_\_

*(nine digits)* \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE ORIGINATOR HAS RECEIVED WRITTEN NOTIFICATION OF ITS TERMINATION AND HAS HAD A REASONABLE OPPORTUNITY TO ACT UPON IT: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**STAPLE CHECK/DEPOSIT SLIP HERE**

\_\_\_\_\_  
I hereby revoke the above Authorization Agreement for Automatic Deposits (ACH Deposits) effective immediately

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return completed form to the Payroll Office