

**DIRECT DEPOSIT AUTHORIZATION FORM
(ACH Credits)**

Company Name: Whitley County Fiscal Court ID # 61-6000987

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Whitley County Fiscal Court, hereinafter called COUNTY, to initiate credit entries to my Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution:

Depository
Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing No. _____ Account No. _____

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

Name _____ Employee No. _____

Date _____ **SIGNATURE** _____

Attach **VOIDED CHECK** for checking account or **SAVINGS DEPOSIT SLIP** for savings account

**DIRECT DEPOSIT AUTHORIZATION FORM
(ACH Debit)**

Company Name: Whitley County Fiscal Court ID # 61-6000987

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Whitley County Fiscal Court, hereinafter called COUNTY, to initiate debit entries to my Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution:

Depository
Name _____ Branch _____

City _____ State _____ Zip Code _____

Routing No. _____ Account No. _____

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

Name _____ Employee No. _____

Date _____ **SIGNATURE** _____

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION

