

TWIN FALLS COUNTY

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Twin Falls County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to credit and /or debit the same to such account.

Employee Name: _____

Employee # _____

Financial Institution(s):

Primary Account _____

Branch (City) _____

Transit /Routing # _____

Account # _____

Check One: Add ()

Check One: Checking ()

Change ()

Savings ()

Cancel ()

Account # 2 _____

Branch (City) _____

Transit /Routing # _____

Account # _____

Check One: Add ()

Check One: Checking ()

Change ()

Savings ()

Cancel ()

Amount to Deposit \$ _____

Account # 3 _____

Branch (City) _____

Transit /Routing # _____

Account # _____

Check One: Add ()

Check One: Checking ()

Change ()

Savings ()

Cancel ()

Amount to Deposit \$ _____

This authority is to remain in full force and effect until Twin Falls County Payroll Department has received written notification from me of its termination in such time and in such manner as to afford the County and the Financial Institution a reasonable opportunity to act on it.

E-mail address where check stub will be sent: _____

Employee Signature: _____

Date: _____

(Please attach a Voided Check)