



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
Originating Company Name: DISTRICT 2 PUBLIC HEALTH

I authorize the above named originating company to initiate entries to the account indicated below as follows:

They may initiate CREDIT entries, which moves money into my account according to the schedule and conditions to which the originating company and I have agreed.

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: _____

LOCATION OF DEPOSITORY FINANCIAL INSTITUTION

CITY: _____ **STATE** _____ **ZIP** _____

Please enter your banks' routing and transit number below and staple a VOIDED CHECK.

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.

Employee information:

E-mail address: _____ **Last 4 digits of SS #:** _____

Address: _____

Information applies to: Payroll: _____ **Travel Reimbursement:** _____

Sign: _____ **Date:** _____

DO NOT USE A DEPOSIT SLIP. Many banks print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing number will prevent your transaction from being directed to the correct bank, resulting in delays in the posting of your payment.