

**Authorization Agreement For Automatic
Deposits (Credits)/Direct Deposit**

Company Name
Fairfield County Council

I (we) here by authorize Fairfield County Council hereinafter called **Company**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **checking** **savings** account indicated below and the depository institution named below, hereinafter called **Depository**, to credit and/or debit the same to each account.

Depository Institution Name		Branch Name
City	State	Zip Code
Transit/ABA No.	Account Number	

This authority is to remain in force and effect until **Company** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

Customer Name(s) Please Print	Customer ID (Last Four #'s of Social Security #)
Customer Signature	Date

↓ATTACH VOIDED CHECK OR COPY OF SAVINGS ACCOUNT CARD BELOW ↓

<p>FOR PAYROLL USE ONLY</p> <p>PRE-NOTE</p> <p>CHANGE NOTIFICATION</p>
