Form 15.20.20 Rev. 08-005

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

EMPLOYEE NAME: _			
EMPLOYEE SSN:			
entries and adjustments for	or any credit entries	in error to my acco	tries and to initiate, if necessary, debit unt indicated below and the depository it the same to such account.
ABA TRANSIT NO:	AC	COUNT NO:	
ACCOUNT TYPE	CHECKING	SAVINGS	
DEPOSITORY NAME_			
BEGIN DATE:			
	t party if applicable	e), of its termination	ency has received written notification in such time and in such manner as act on it.
EMPLOYEE SIGNATU	IRE		
PLEASE CIRCLE	ADD	CHANGE	DELETE - END DATE
	ATTACH VOIDED	BLANK CHECK OF	COPY OF CHECK
JANE DOE 1000 MAIN STREET ANYWHERE, U. S. A.	10001		
PAY TO THE ORDER	OF		\$
			DOLLARS
мем <u>о</u>			
TRANSIT NO.	ACCOUNT NO)	