

AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (CREDITS)

COMPANY NAME <p style="text-align: center;">EDDY COUNTY</p>	ID NUMBER	
I (we) hereby authorize Eddy County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debt entries and adjustments for any credit entries in error to my (our) <input type="checkbox"/> Checking or <input type="checkbox"/> savings account indicated below and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same such account.		
DEPOSITORY (BANK) NAME	BRANCH	
CITY	STATE	ZIP
BANK TRANSIT/ABA NO.	ACCOUNT NO.	
This authority is to remain in full 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 a DEPOSITORY a reasonable opportunity, to act on it.		
NAME	EMPLOYEE NO.	
DATE	SIGNED	

Instructions: Please print. Select Checking or Savings. Bank Transit/ABA No. are the numbers to the left of the ":" (colon) and Account No. are the numbers to the right of the ":"> Please sign and attach a voided check of your chosen bank account.

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↑ Bank Transit/
ABA No.
↑ Your Account No.