

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

INSTRUCTIONS

- Use only BLUE or BLACK ink.
- Alterations must be initialed (no white out).

- Complete all appropriate sections.
- Please attach a voided check or print out from financial institution listing routing and account number(s).

Section 1 TRANSACTION TYPE

New Setup (Sections 2, 3, & 4)
 Cancellation (Sections 2 & 4)
 Change Account Type (Sections 2, 3, & 4)

Change Financial Institution (Sections 2, 3, & 4)
 Change Account Number (Sections 2, 3, & 4)

Section 2 PAYEE INFORMATION

1. **Employee Name:** _____ **Social Security number:** _____
2. **Home Address:** _____ **City:** _____ **State:** _____ **Zip:** _____
3. **Home/Cell Phone:** () _____ **Business Phone:** () _____

Section 3 AUTHORIZATION FOR SETUP, CHANGES, OR CANCELLATION

I, _____ do hereby authorize **Galveston County**, hereinafter called **COMPANY**, to initiate credit/debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ **Checking** _____ **Savings** Account. I consent to and agree to comply with the County's rules regarding direct deposit as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it. I also understand that upon termination of my employment this agreement is automatically cancelled.

I understand that Galveston County offers direct deposit of payroll funds as an accommodation to me. In consideration of participating in and utilizing direct deposit, I waive all claims for damages which may be sustained as a result of a deposit being incorrectly routed or processed (e.g., lost interest, overdraft charges, late charges, etc.).

Employee Signature: _____ **Date:** _____

Section 4 FINANCIAL INSTITUTION (S)

Depository Name: _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Transit/ABA#: _____ **Account Number:** _____ **Phone#:** () _____

Type of Account: _____ **Checking** _____ **Savings** **Amount/deposited:** _____ **Full** _____ **Partial** \$ _____ % _____

Type of Transaction: _____ **Date:** _____

FINANCIAL INSTITUTION

Depository Name: _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Transit/ABA#: _____ **Account Number:** _____ **Phone#:** () _____

Type of Account: _____ **Checking** _____ **Savings** **Amount/deposited:** _____ **Full** _____ **Partial** \$ _____ % _____

Type of Transaction: _____ **Date:** _____

FINANCIAL INSTITUTION

Depository Name: _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Transit/ABA#: _____ **Account Number:** _____ **Phone#:** () _____

Type of Account: _____ **Checking** _____ **Savings** **Amount/deposited:** _____ **Full** _____ **Partial** \$ _____ % _____

Type of Transaction: _____ **Date:** _____