

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

## Bay County Library System

EMPLOYEE NAME \_\_\_\_\_

I hereby authorize Bay County Library System, herein after called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries error to my  Checking\*  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

Please select one :  net paycheck  \$\_\_\_\_\_ specific dollar amount

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 a reasonable opportunity to act on it.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_

\*Please attach a voided check for checking account set up/verification

\*\*Please use a separate Authorization Agreement if funds are being split