



Greene County Authorization Agreement Automatic Deposits (ACH Credits)

**ORIGINAL FORM MUST BE RETURNED TO PERSONNEL OFFICE.
EMAIL/FAX COPIES WILL NOT BE ACCEPTED.**

I (we) hereby authorize (Greene County Board of Commissioners), hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution) (Branch)

(Address) (City) (State) (Zip)

(Routing Number) (Account Number)

Type of Account: Checking Savings

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 manner as to afford COMPANY and FIANCIAL INSTITTION a reasonable opportunity to act on it.

(Print Individual Name) (Print Individual Social Security Number)

(Signature) (Date)

A Voided Check **MUST Be Attached**