

**TOWN OF WETHERSFIELD
AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize the Town of Wethersfield to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit Entries made in error to my (our) () **Checking** () **Savings account (select one)** indicated below and the bank named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Please write clearly and legibly.

FLAT AMOUNT TO: () **Checking** () **Savings**

BANK NAME _____

BANK ADDRESS _____

TRANSIT/ABA # _____ **ACCT#** _____

FLAT \$ AMOUNT _____

100% OF NET PAYCHECK GOING TO: () **Checking** () **Savings**

BANK NAME _____

BANK ADDRESS _____

TRANSIT/ABA # _____ **ACCT#** _____

This authority is to remain in full force and effect until the Town of Wethersfield has received written notification from me (or) either of (us) of its termination in such time and in such manner as to afford the Town of Wethersfield and the DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____

SIGNED _____ **DATE** _____

SIGNED _____ **DATE** _____

***If you have a check, please attach it and write void across it.**