

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEPOSITS
(ACH CREDITS) BETWEEN THE TOWN OF HARVARD
AND THE EMPLOYEE**

NOTE: The TOWN relies upon the accuracy of the information you provide below and is not responsible for errors due to incorrect information supplied to the TOWN.

I authorize the TOWN OF HARVARD to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

** Please PRINT all information **

CIRCLE ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

Please attach a VOIDED check.

BANK NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA #: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until the TOWN OF HARVARD has received written notification from me of its termination in such time and in such manner as to afford the TOWN OF HARVARD and DEPOSITORY a reasonable time to act on it.

PRINTED NAME: _____

SOCIAL SEC #: _____ EMPLOYEE #: _____

DATE: _____ SIGNATURE: _____

OFFICE USE

RECEIVED BY: _____ DATE: _____

PRENOTE DATE: _____ LIVE DATE: _____