

Lewis County

Authorization Agreement

Automated Deposits (ACH Credits)

I hereby authorize Lewis County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

ACCOUNT: \$ _____ (Indicate dollar amount or "Net" pay)

_____		_____	
Financial Institution Name		Branch	
_____		_____	
Address		City/State/Zip	
_____	_____	Type of Acct: _____	Checking
Routing #	Account #	_____	Savings

ACCOUNT: \$ _____ (Indicate dollar amount or "Net" pay)

_____		_____	
Financial Institution Name		Branch	
_____		_____	
Address		City/State/Zip	
_____	_____	Type of Acct: _____	Checking
Routing #	Account #	_____	Savings

This authority is to remain in full force and effect until Lewis County has received written notification from me of its termination in such time and manner as to afford Lewis County and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____		_____	
Last 4 of Social Security Number		Print Name	
_____		_____	
Date		Signature	

Please attach a copy of a voided check to this form.