

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)
FOR THE DIRECT DEPOSIT OF PAY**

COMPANY NAME: PASCO COUNTY BOARD OF COUNTY COMMISSIONERS

I hereby authorize the Pasco County Board of County Commissioners, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my: Checking and/or savings account indicated below and for the financial institution named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

Depository Name: <input style="width:90%;" type="text"/> <p align="center">(Bank Name)</p> ABA/Routing #: <input style="width:80%;" type="text"/>	Account #: <input style="width:90%;" type="text"/> <p align="center">CHECKING</p> <p align="center">SAVINGS</p> Dollar Amount or Balance of Pay: <input style="width:80%;" type="text"/>
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Depository Name: <input style="width:90%;" type="text"/> <p align="center">(Bank Name)</p> ABA/Routing #: <input style="width:80%;" type="text"/>	Account #: <input style="width:90%;" type="text"/> <p align="center">CHECKING</p> <p align="center">SAVINGS</p> Dollar Amount or Balance of Pay: <input style="width:80%;" type="text"/>
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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 and DEPOSITORY a reasonable opportunity to act on it. I understand this time frame is approximately three weeks.

NAME: **EMPLOYEE ID:**

Department:

SIGNATURE : **DATE:**

You MUST attach a voided check/savings deposit check or paperwork from your bank showing your account number and routing number. If you are dividing your pay between multiple accounts, be sure to show one account as BALANCE and enter specific amounts for all other accounts. Attach documentation for all accounts.