

## Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize **Genesee County Drain Commissioner-Division of Water & Waste Services** (the Division, hereinafter referred to as the Division) to make deposits from time to time in the account identified below at \_\_\_\_\_ (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearinghouse Association. This authorization will remain in effect until written notice of termination is given to the Company. I acknowledge receipt of a filled in copy of this Authorization.

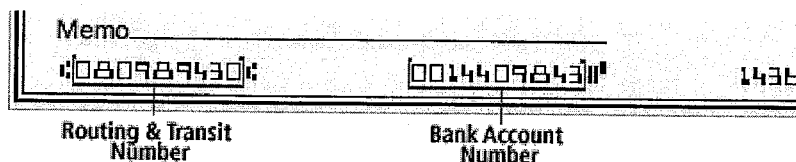
Name of DFI	DFI Routing & Transit No.  	Account Number  	Type of Account Checking <input type="checkbox"/>	Amount Deposited  _____
			Savings <input type="checkbox"/>	
Name of DFI	DFI Routing & Transit No.  	Account Number  	Type of Account Checking <input type="checkbox"/>	Amount Deposited  _____
			Savings <input type="checkbox"/>	

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

**How to find the Routing & Transit Number on your check.**



**IF CHOOSING CHECKING:**

**PLEASE ATTACH VOIDED CHECK (OR A PHOTO COPY OF A CHECK) TO THIS AUTHORIZATION**