

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

TOWN OF STOUGHTON/STOUGHTON PUBLIC SCHOOLS

DATE: _____

I (we) hereby authorize the Town of Stoughton to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our): (SELECT ONE)

_____ Checking Account

_____ Savings Account

Indicate below and the depository named below, hereinafter called DEPOSITORY/BANK, to credit and/or debit the same to such account.

BANK NAME: _____

BRANCH: _____

CITY: _____

STATE: _____

TRANSIT/ABA #: _____

ACCOUNT #: _____

I hereby authorize the Town of Stoughton to deposit _____ Full check

\$_____ Dollar amount to be deposited

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

IF JOINT ACCOUNT:

NAME(S): _____
(please print)

NAME: _____
(please print)

SIGNED: _____

SIGNED: _____
(both must sign, if joint account)

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

Please attach a VOIDED CHECK for the account you want a deposit to.