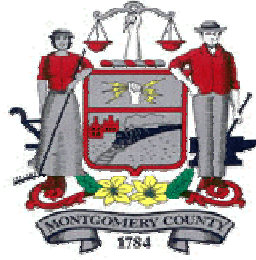


County of Montgomery



Authorization Agreement for Automatic Deposits

Initial Application ____ **Change of Bank** ____ **Change of Account Number** ____

I hereby authorize the County of Montgomery to initiate credit entries and to initiate, 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 to credit or debit the same to such account. The credit entries to said account are to be in the amount of 100 percent of net payable. (PLEASE PRINT)

Bank Name _____

Bank Branch _____

Bank Transit/ABA No.

Account Number _____

Checking Savings

This authority is to remain in full force and effect until termination of business transactions with the County.

Name _____

Address _____

Phone Number _____

Social Security No./EIN

Email Address _____

Signature _____ Date _____

OFFICE USE ONLY

Vendor Number

Entered

Verified

Initials

Date

Initials

Date