

Inter-County Community Council
Authorization Agreement for Automatic Deposit of Payroll

I hereby authorize Inter-County Community Council 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 the depository named below, hereinafter called depository, to credit and/or debit the same to such accounts.

I wish to receive my direct deposit stub by email. My email address is:

Primary Account

Circle one: Checking Savings

Bank Name _____ Routing Number _____

City _____ State _____ Zip _____

Account Number _____

Amount of Deposit: Full Check or Fixed Amount \$ _____

Secondary Account:

Circle one: Checking Savings

Bank Name _____ Routing Number _____

City _____ State _____ Zip _____

Account Number _____

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.

Name _____
Please Print

Signature _____ Date _____