

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

EMPLOYEE NAME: _____

EMPLOYEE SSN: _____

I hereby authorize the State of Mississippi to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

ABA TRANSIT NO: _____ ACCOUNT NO: _____

ACCOUNT TYPE CHECKING SAVINGS

DEPOSITORY NAME _____

BEGIN DATE: _____

This authority shall remain in full force and effect until the Agency has received written notification from the employee (or joint party if applicable), of its termination in such time and in such manner as to afford the agency and depository a reasonable opportunity to act on it.

 EMPLOYEE SIGNATURE

PLEASE CIRCLE ADD CHANGE DELETE -
 END DATE _____

ATTACH VOIDED BLANK CHECK OR COPY OF CHECK

JANE DOE 1000 MAIN STREET ANYWHERE, U. S. A. 10001	
PAY TO THE ORDER OF _____	_____ \$ _____
DOLLARS	
MEMO _____	

 TRANSIT NO.

 ACCOUNT NO.