AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I, (we) hereby authorize ___LAUDERDALE COUNTY COMM___ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

PRIMARY ACCOUNT (Deposit Net Pay)

Financial Institution Name_____

Address_____

(Routing Number)_____

(Account Number)_____

Type of Acct:_____Checking_____Savings

SECOND ACCOUNT: **Amount to Deposit $_____**

(Financial Institution Name)_____

Address_____

(Routing Number)_____

(Account Number)_____

Type of Acct:_____Checking_____Savings

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

(Print Name)_____

(Signature)_____

(Date)_____

Email Address:_____

Please attach copy of voided check to this form.