

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Genesee County Accounts Payable (hereinafter referred to as the County) to make deposits from time to time in the account identified below at _____
(Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the County. **If terminating, a three-week notice must be given to the County prior to closing current account at DFI.** Email to: geneseecountypurchasing@co.genesee.mi.us

Type of Account: **Checking** **Savings**

Name of DFI	DFI's Routing & Transit No.	Account No. To Credit		
Company Name or Individual	Address	City	State	Zip code

I acknowledge receipt of a filled in copy of this authorization.

Signature

Date

Title

Social Security Number or Tax Identification Number

Telephone number

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS AUTHORIZATION.