

AUTHORIZATION FOR AUTOMATED DEPOSITS (ACH CREDITS)

COMPANY NAME: NORTHAMPTON COUNTY
COMPANY ID NUMBER: 54-6001468

I hereby authorize Northampton County, hereinafter called COMPANY, to initiate credit entries and to initiate, IF NECESSARY, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR, to my checking [] savings [] account (select one) indicated below and the depository name below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____
BRANCH _____
CITY _____
TRANSIT/ABA # _____ ACCOUNT # _____

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 a reasonable opportunity to act on it.

NAME _____

SIGNATURE _____ DATE _____

Please attach a voided check if a checking account is selected.

FOR COMPANY USE ONLY

Date received _____

Processed by _____