Authorization Agreement for Automatic Deposits (ADH Credits)

I hereby authorize Genesee County Controller (the Company, hereinafter referred to as the Company) 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 Company. **If terminating, a three-week notice must be given to the Company prior to closing current account at DFI.** I acknowledge receipt of a filled in copy of this authorization.

Type of Account: **_____Checking** **_____Savings**

Name of DFI	DFI's Routing & Transit No.	Account No. to Credit		
Name	Address	City	State	Zip Code

_____ _____

Signature **Date**

_____ _____

Social Security Number **Telephone No.**

PLEASE ATTACH VOIDED CHECK TO THIS AUTHORIZATION.