

ACH AGREEMENT FOR PREAUTHORIZED DEPOSIT

MSD of Steuben County

400 S. Martha Street

Angola, IN 46703

EMPLOYER _____

Payroll # _____

I hereby authorize my EMPLOYER and the FINANCIAL INSTITUTION(S) listed below to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries made in error to the account(s) listed on this agreement.

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such time and manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name _____

Social Security or Payroll ID Number _____

X
Signature _____

Date _____

FINANCIAL INSTITUTION _____

Transit/ABA Number _____

Account Number _____

CHK
 SAV

Location/Branch _____

\$ _____
Amount

FINANCIAL INSTITUTION _____

Transit/ABA Number _____

Account Number _____

CHK
 SAV

\$ _____
Amount

Location/Branch _____

FINANCIAL INSTITUTION _____

Transit/ABA Number _____

Account Number _____

CHK
 SAV

\$ _____
Amount

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Account Number _____

CHK
 SAV

\$ _____
Amount

Location/Branch _____

FINANCIAL INSTITUTION _____

Transit/ABA Number _____

Account Number _____

CHK
 SAV

\$ _____
Amount

Location/Branch _____

(Include a voided check with authorization.)