

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

WOOD COUNTY EMPLOYEES

I hereby authorize Wood County to initiate credit entries to my:

() Checking Account Amount: \$ _____ **(ATTACH VOIDED CHECK)**

() Savings Account Amount: \$ _____ **(ATTACH VOIDED DEPOSIT SLIP)**

indicated below and the depository names below to credit the same to such account.

Name of Bank: _____

City, State, Zip: _____

Bank Routing Number (9 digits): _____

My Account Number: _____

Name (Please print legibly): _____

Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE

