WOOD COUNTY EMPLOYEES

AUTHORIZATION AGREEMENT FOR ACH DIRECT DEPOSITS

I, _____ , hereby authorize Wood County to initiate credit entries
(PRINT NAME)

AND if necessary, to initiate debit entries as adjustments for any credit entries sent in error,

to the indicated account(s) and financial institution(s) named below:

1)

Check type of account and indicate the percentage and/or fixed dollar amount to be deposited.

( ) CHECKING ACCOUNT % / $ _____ ( ) SAVINGS ACCOUNT % / $ _____

Name of Bank: _____

Bank Routing Number (9 digits): _____

Account Number: _____

2)

Check type of account and indicate the percentage and/or fixed dollar amount to be deposited.

( ) CHECKING ACCOUNT % / $ _____ ( ) SAVINGS ACCOUNT % / $ _____

Name of Bank: _____

Bank Routing Number (9 digits): _____

Account Number: _____

PLEASE ATTACH A VOIDED CHECK, SAVINGS DEPOSIT SLIP AND/OR PRINTOUT FROM *EACH* FINANCIAL INSTITION TO ENSURE ACCUARACY AND VERIFICATION OF ROUTING AND ACCOUNT NUMBERS.

X _____ _____
EMPLOYEE SIGNATURE DATE

This authority is to remain in full force and effect until Wood County and said financial institution(s) have received written notification from me of its termination in such time and manner as to afford Wood County and said financial institution(s) reasonable opportunity to act on it.