

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS) FOR THE DIRECT DEPOSIT OF PAY

COMPANY NAME: PASCO COUNTY BOARD OF COUNTY COMMISIONERS

I hereby authorize the Pasco County Board of County Commissioners, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my: Checking and/or savings account indicated below and for the financial institution named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same

	to such account.		
Depository Nam ABA/Routing	(Bank Name) #:	Account #: CHECKING SAVINGS ar Amount or Balance of Pay:	Add New: Update Existing: Delete:
Depository Nam	(Bank Name)	Account #: CHECKING SAVINGS Ir Amount or Balance of Pay:	Add New: Update Existing: Delete:
Depository Nam	(Bank Name)	Account #: CHECKING SAVINGS ar Amount or Balance of Pay:	Add New: Update Existing: Delete:
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 and DEPOSITORY a reasonable opportunity to act on it. I understand this time frame is approximately three weeks. NAME: EMPLOYEE ID: Department:			
SIGNATU	You MUST attach a voided check/ bank showing your account numb	per and routing number for een multiple accounts, be	or prompt updating. e sure to show one

account as **BALANCE** and enter specific amounts for all other accounts.

Attach documentation for all accounts. Turn documents into Human Resources at 7536 State Street, Suite 111, New Port Richey, FL 34654 or personnel@pascocountyfl.net