

AUTHORIZATION AGREEMENT FOR ACH PAYMENTS DIRECT DEPOSITS (ACH CREDITS)

Pierce County Board of Commissioners ID Number 9011850245

I authorize Pierce County Board of Commissioners, to initiate credit entries to my **Checking / Savings Account (select one)** indicated below at the depository financial institution named below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name _____ **City** _____ **State** _____

Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until Pierce County Board of Commissioners has received written notification from me of its termination in such time and in such manner as to afford Pierce County and the financial depository a reasonable opportunity to act on it.

Printed Full Name _____

Email address: _____

Signature _____ **Date** _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I, _____, have been offered the Direct Deposit option for payroll and **DO NOT** wish to participate at this time.

Signature

Date