

New Bedford School Department

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

CITY OF NEW BEDFORD

I (We) hereby authorize the City of New Bedford to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our)

Checking Account Savings Account (check one)

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY:

NAME _____ BRANCH _____

CITY _____ STATE _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

I hereby authorize the City of New Bedford to deposit my full check to the account named above.

This authority is to remain in full force and effect until the City of New Bedford has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of New Bedford and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) _____ SOCIAL SECURITY NO. _____
(please print)

DATE _____ SIGNED _____ SIGNED _____
(Both must sign, if joint account)

PLEASE ATTACH VOIDED CHECK FOR THE ACCOUNT YOU WANT A DEPOSIT TO.