# TOWN OF WETHERSFIELD
# AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) herby authorize the Town of Wethersfield to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit Entries made in error to my (our) **( ) Checking ( ) Savings account (select one)** indicated below and the bank named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.
## *Please write clearly and legibly.*

**FLAT AMOUNT TO: ( ) Checking      ( ) Savings**

**BANK NAME** _____

**BANK ADDRESS**_____

**ROUTING #** _____        **ACCT#** _____

**FLAT $ AMOUNT** _____

*******************************************************************
**100% OF NET PAYCHECK GOING TO: ( ) Checking   ( ) Savings**

**BANK NAME** _____

**BANK ADDRESS**_____

**ROUTING #** _____        **ACCT#** _____

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

**NAME (S)** _____

**SIGNED** _____**DATE** _____

**SIGNED** _____**DATE** _____
**\*If you have a check, please attach it and write void across it.**



Routing No.
9 digits          Account No.