

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

COMPANY NAME: CAMBRIA COUNTY

I hereby authorize Cambria County, 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** _____ **Savings (select one)** indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY (BANK) NAME

CITY

STATE & ZIP CODE

ROUTING / TRANSIT NO.

ACCOUNT NUMBER

| | |
|-------------------------------------|-------------------------------|
| | Check# 0001 _____ 20 _____ |
| Pay to the Order of _____ | \$ _____ dollars |
| SAMPLE CHECK | |
| Memo _____ | _____ |
| : 123456789 : 987654321 0001 | |

Routing # Account #

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.

NAME (PRINTED):

SS#

DATE:

SIGNATURE:

***A voided check must be attached to this form.**