



COUNTY OF PUTNAM
DIRECT DEPOSIT AUTHORIZATION

NEW ☐ CHANGE ☐ CANCELLATION ☐

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize THE COUNTY OF PUTNAM, hereinafter called THE COUNTY OF PUTNAM, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/>
1) Bank Name _____
Account # _____
Routing # _____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>

This authority is to remain in full force and effect until THE COUNTY OF PUTNAM has received written notification from me of its termination in such time and in such manner as to afford THE COUNTY OF PUTNAM and DEPOSITORY a reasonable opportunity to act on it.

PRINT NAME _____ DATE _____

SIGNATURE _____

EMAIL ADDRESS _____
(For Direct Deposit Stub)

Please attach a blank voided check, a savings deposit slip, or an official letter from your bank that includes both your Routing Number and Account Number. Direct Deposit cannot be processed without this.