## **Authorization Agreement for Automatic Deposits (ACH Credits)**

| I hereby authorize Genesee Co deposits from time to time in the (Depository Financial Institution deposits. Adjusting entries to adjustments may be made elect Association. This authorization County. If terminating, a three-tat DFI. Email to: gpurchasing@ | ne account identified be<br>n, hereinafter referred<br>correct errors are also<br>tronically and under the<br>will remain in effect u<br>week notice must be giv | ow at<br>to as DFI) ar<br>authorized.<br>Rules of the<br>ntil written i | nd authoriz<br>It is agreed<br>National A<br>notice of te | e the DFI to<br>d that these<br>Automated C<br>ermination is | accept these<br>deposits and<br>learing House<br>given to the |  |
|--|--|---|---|--|---|--|
| Type of Account:   | Checking   | Saving  | s   |  |   |  |
| Name of DFI  | Account No. To Credit  | :   | DFI's Routing & Transit No.                               |  |   |  |
| Company Name or Individual   | Address  |   | City  | State  | Zip code  |  |
| I authorize the information com  | pleted above to be corr  | ect.  |   |  |   |  |
| Signature  |  | <br>Dat   | Date  |  |   |  |
| Title  |  |   |   |  |   |  |
| Social Security Number or Tax Id   | Tel  | ephone nu   | mber  |  |   |  |

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS AUTHORIZATION.