**BACA COUNTY**

County ID #: 84-7000644

**Authorization Agreement**

**For Automatic Deposit**

**(ACH Credit)**

I hereby authorize Baca County, herein called the County, to initiate entries to my (our)

\_\_\_\_\_Checking \_\_\_\_Savings account (select one) indicated below and the depository named below, hereinafter called Depository, to credit the same in such account.

DEPOSITORY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_

TRANSIT/ABA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACCOUNT#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority is to remain in full force and effect until the County has received written notification from me of termination in such time and in such manner as to afford the County and Depository a reasonable opportunity to act on it.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach voided check or deposit slip.

Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_