

Authorization Agreement for Automatic Deposits (ACH Credits)

I hereby authorize Genesee County Accounts Payable (hereinafter referred to as the County) to make deposits from time to time in the account identified below at _____ (Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the County. **If terminating, a three-week notice must be given to the County prior to closing current account at DFI.** Email to: geneseecountypurchasing@co.genesee.mi.us

Type of Account: Checking Savings

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 completed above to be correct.

Signature	Date
Title	
Social Security Number or Tax Identification Number	Telephone number

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP TO THIS AUTHORIZATION.