



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

AGENCY NAME: MISSISSIPPI LIBRARY COMMISSION

I hereby authorize the above named agency to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (  ) Checking and/or (  ) Savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

DEPOSITORY NAME  BRANCH

CITY  STATE  ZIP CODE

ACCOUNT NO.  ROUTING NO.

This authority shall remain in full force and effect until the Agency has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Agency and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee SSN

\_\_\_\_\_  
Employee Signature

Attach voided check or copy of check



Example