

SANGAMON COUNTY
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize **SANGAMON COUNTY** hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

BANK NAME: _____

CITY: _____ STATE: Illinois ZIP: _____

TYPE OF ACCOUNT (SELECT ONE) ☐ CHECKING ☐ SAVINGS

TRANSIT/ABA # _____ ACCT. # _____

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

NAME (PLEASE PRINT) _____ DATE _____

SIGNATURE _____ SOC. SEC. # _____

You will receive an actual check for the first pay after we receive your direct deposit request. All new direct deposits must pre-note first. This means the information regarding your Transit/ABA numbers goes to the bank but not the money. The second pay after we receive the request will be direct deposited and you will receive a slip with the information regarding your gross/net pay and deductions.

Internal use only-205