

**MANISTEE COUNTY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize Manistee County, hereinafter called COMPANY, to initiate credit entries to my Checking/Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Depository Name: _____

Branch: _____ Deposit Amount: \$_____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

_____ Checking Account/_____ Savings Account (**SELECT ONE**).

Depository Name: _____

Branch: _____ Deposit Amount: \$_____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

_____ Checking Account/_____ Savings Account (**SELECT ONE**).

Employees are allowed up to two financial institutions for direct deposit. **Deposits must equal the net amount of the employee's pay.**

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

Name: _____
(Please Print)

Signature: _____

Date: _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please select one of the following options:

YES! Please email my direct deposit notice to the following email address:

I understand that it is my responsibility to notify COMPANY if my email address changes or if I do not receive my direct deposit notice. (NOTE: This should be your personal email address, not your work email address.)

NO. Please provide a printed copy of my direct deposit notice.