

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH DEPOSITS)**

ROCKINGHAM COUNTY FEDERAL ID NUMBER 02-6000752

I hereby authorize Rockingham County to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error, to my Checking or Statement Savings account(s) indicated below at the depositories named below, and to credit and/or debit the same to such account(s).

(Please note: If you are only using one account, please write NET PAY for the amount to be deposited. If you are depositing to two accounts, please assign a dollar value to one account, and write BALANCE for the amount on the second account. This will ensure that your entire check is properly deposited.)

1) DEPOSITORY NAME _____

CITY _____ STATE _____

BANK ROUTING NUMBER

ACCOUNT NUMBER

AMOUNT \$ _____ Checking _____ Savings _____

2) DEPOSITORY NAME _____

CITY _____ STATE _____

BANK ROUTING NUMBER

ACCOUNT NUMBER

AMOUNT \$ _____ Checking _____ Savings _____

This authorization is to remain in full force and effect until Rockingham County has received written notice from me of my intention to terminate said authorization, in such time and in such manner as to afford Rockingham County and above mentioned Depositories a reasonable time to act upon it.

I understand that there will be a two to four week waiting period for the initial Direct Deposit activation to allow for the pre-notification process. I also understand that it is my responsibility to monitor my account(s) for all Direct Deposit activity.

NAME (please print) _____

DATE _____

SIGNED _____