

City of Snellville
Authorization Agreement for Automatic Deposits
(ACH Credits)
Payroll Direct Deposit

Company ID Number: 58-6003758

I (we) hereby authorize the City of Snellville, hereinafter called the **City**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our _____Checking _____ Savings account (select one) indicated below and the depository named below, herein after called **Depository**, to credit and/or debit the same to such account.

Depository Name: _____

Branch _____ City _____ State ____ Zip _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until the City has receive written notification from me (or either of us) of its termination in such time and in such manner as to afford the City and Depository a reasonable opportunity to act on it. *I will provide a voided check, from the account designated above, to the City in order to verify routing numbers.*

Name: _____

Date _____ Signature _____

Date _____ Signature _____