



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED  
DEPOSITS (ACH CREDITS) BETWEEN THE  
TOWN OF HARVARD AND THE EMPLOYEE**

NOTE: The TOWN relies upon the accuracy of the information you provide below and is not responsible for errors due to incorrect information supplied to the TOWN.

I authorize the TOWN OF HARVARD to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**Please PRINT all information**

Check One: \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

*Please attach a VOIDED check.*

BANK NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

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

PRINTED NAME \_\_\_\_\_

SOCIAL SEC # \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**OFFICE USE**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

PRENOTE DATE \_\_\_\_\_ LIVE DATE \_\_\_\_\_