

AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS/ACH CREDITS

Company Name: Washington County Child Care Foundation

I hereby authorize Washington County Child Care Foundation, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (please select)

Checking Savings

account indicated below and as designated on the corresponding Payment Voucher/Disbursement Record, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to my account.

Bank Name _____

City _____ State _____ Zip _____

Transit/ABA # _____ Account # _____

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 upon it.

Provider Name _____ I.D. # _____

Date _____ Signature _____

Please attach a voided check: