



AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize ALAMOSA COUNTY, hereinafter called COUNTY, to initiate credit entries to my account(s) indicated below and the depository financial institution named below, to credit the same to such account. **I ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.**

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

CHECKING SAVINGS (select one)

ADDITIONAL ACCOUNT (IF REQUESTED):

Financial Institution Name: _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Amount to be deposited: _____ (Per Pay Period)

CHECKING SAVINGS (select one)

This authority is to remain in full force and effect until Alamosa county has received written notification from me of its termination in such time and in such manner as to afford Alamosa county and the Financial Institution a reasonable opportunity to act on it.

NAME: _____ SIGNATURE: _____

DATE: _____

PLEASE VERIFY ACCOUNT INFORMATION IS CORRECT