

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS  
(ACH CREDITS)**

Employer Name: CITY OF YAZOO CITY

I (we) do hereby authorize the above-named organization, hereinafter called EMPLOYER, to initiate credit entries, and, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same from such account.

Depository (Bank) Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ ABA Number	Account No.	Deposit Amounts	Balance (Y/N)	Type of Account	
				1-Checking	2-Savings
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

This authorization is to remain in full force and effect until EMPLOYER has received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act upon it.

Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

Signature \_\_\_\_\_

**AFFIX VOIDED CHECK TO THIS DOCUMENT**