

Town of Crested Butte

Authorization Agreement for Direct Deposits (ACH Credits) of Payroll Checks

I (we) hereby authorize the Town of Crested Butte to initiate credit entries to my (our) Checking Account/Savings Account indicated below at the depository financial institution named below and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Fixed Dollar amount \$ _____, or _____%, or _____ full check

Second Account Information (only needed if putting check in more than one account)

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

Fixed Dollar amount \$ _____, or _____%, or _____ full check

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

Name(s) _____ (Please Print)

Signature _____ Date _____

(Be sure to attach a **VOIDED** check for the account. If you select multiple accounts and one is a savings account, please get the correct routing number and account number for the bank.)