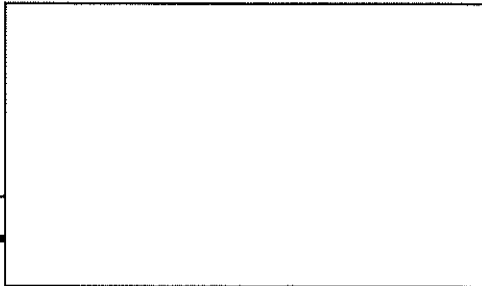


Employee #: _____ Pay Cycle: _____



**TOWN OF WESTON
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH)
CREDITS**

EMPLOYEE NAME _____
(please print)

COMPANY NAME: TOWN OF WESTON

I hereby authorize the Town of Weston, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking** or **Savings account** **(select one)** indicated below and the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY (Bank, Credit Union, etc.):

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

This authority is to remain in full force and effect until COMPANY has received notification in writing from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PREFERRED EMAIL FOR PAYROLL ADVICES:

_____ @ _____

DATE _____ **SIGNED** _____

APPLICANTS for DIRECT DEPOSIT must attach a voided copy of a check from the active checking account (temporary checks are not acceptable); a deposit slip from the active savings account if transit/ABA number and account number are provided; and/or a written notification from the DEPOSITORY indicating the type of account (checking or savings), transit/ABA number and account number.