

**Authorization Agreement
Direct Deposits
ACH Credits**

Company Name: TOWN OF SHELBURNE

Company ID Number: 03-6000-683

I hereby authorize the TOWN OF SHELBURNE, hereafter called COMPANY, to initiate credit entries to my () Checking () Savings (select one) indicated below at the depository financial institution named below, and to credit the same to such account.

DEPOSITORY INFORMATION

Name: _____ Branch: _____

City: _____ State _____ Zip: _____

*Account Number: _____ *Routing Number: _____

PLEASE ATTACH A VOIDED CHECK

This authorization will remain in full force until COMPANY has received written notification from me of its termination in such manner as to afford COMPANY AND DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Signed _____ Date _____

Note: All written credit authorizations MUST provide that the receiver may revoke the authorization only by notifying originator in the manner specified in the authorization.