

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

(Company	Name)
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hereby authorizes the Alabama 9-1-1 Board, hereinafter called COMPANY, to initiate credit entries to its □checking account, □savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

(Company N	Name)
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acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.

Depository Name			
Branch (If applicable)			
City	State	Zip	
Routing Number	Account Number		

This authorization is to remain in force and effect until COMPANY has received written notification from the authorized individual named below of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signer	
	(Please Print)
Signature	Date
NOTE: ALL WRITTEN CREDIT AU	THORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY
REVOKE THE AUTHORIZATION O	NLY BY NOTIFYING THE ORIGINATOR IN THE MANNER
SPECIFIED IN THE AUTHORIZATION	DN.

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