



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

I hereby authorize Friant Water Authority, hereinafter called the Authority, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated by the voided check or deposit slip attached.

This Authorization Agreement is to remain in full force and effect until the Authority and Depository have received written notification from me of its termination in such time and in such manner as to afford the Authority and Depository a reasonable opportunity to act on it.

EMPLOYEE NAME (please print) \_\_\_\_\_

SOCIAL SECURITY NUMBER   XXX-XX-\_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**PLEASE RETURN TO THE ACCOUNTING DEPARTMENT A CHECK WITH VOID WRITTEN OVER IT.**