

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Your Name _____
(Please Print)

I hereby authorize **City of Newcastle**, hereinafter called COMPANY, to automatically deposit funds to my
☐ Checking or ☐ Savings account (select one) identified below and the FINANCIAL INSTITUTION named below to
accept such deposits initiated by the COMPANY. In the event of an incorrect amount or entry, I authorize the
COMPANY to reverse the transaction.

FINANCIAL INSTITUTION _____

TRANSIT ROUTING/ABA NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of
its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable
opportunity to act on it.

Employee Signature _____ Date _____

If you have a **VOIDED CHECK ATTACH IT** here or attach a letter from your bank