

HARTSVILLE/TROUSDALE COUNTY METROPOLITAN GOVERNMENT

DIRECT DEPOSIT | CREDIT AUTHORIZATION

I hereby authorize **Hartsville/Trousdale County Metropolitan Government** hereinafter called "HTCG", to initiate electronic credit entries to my account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I acknowledge that ACH transactions I authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize HTCG to debit my account indicated below to correct any error made.

Financial Institution

Financial Institution's Address

Name(s) on Account

Routing Number

Account Number

Type of Account:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
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Based on meeting attendance

Amount of credit(s) or method of determining amount of credit(s)

Monthly

Date(s) and/or frequency of credit(s)

This authorization is to remain in full force and in effect until I notify HTCG in writing that I wish to terminate this authorization in such time and manner as to afford HTCG and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print or Type Individual Name

Signature Date

<u>OFFICE USE ONLY</u>	
Date Received _____	
<input type="checkbox"/> Set Up Deposit	<input type="checkbox"/> Change Account Information
Notes:	
_____ Payroll	_____ Human Resource