

PLEASE PRINT

Soc. Sec. No. \_\_\_\_\_ Name \_\_\_\_\_

Department Name \_\_\_\_\_ Appropriation No. \_\_\_\_\_

County of Suffolk  
Employer's Federal EIN 11-6000464  
**DEPARTMENT OF AUDIT AND CONTROL**  
**OFFICE OF THE COMPTROLLER**  
AUTHORIZATION AGREEMENT FOR  
AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize SUFFOLK COUNTY, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)  
 Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account. This Account shall be designated as my (our)

Primary  Secondary Account ( \$ \_\_\_\_\_ )  
 Termination from Direct Deposit System  Change of Existing Account

Reason \_\_\_\_\_

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signed \_\_\_\_\_ Date \_\_\_\_\_