

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Full legal name:

FAX or Email:	Contact:
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Fiscal Assistance of Dane County, Inc. is hereby authorized to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account indicated below; and to credit and/or debit the same to such named account.

Bank Name:			
Branch:			
City/State/Zip:			
Account Type:	Checking		Savings
Routing Number:			
Account Number:			

This authorization is to remain in full force and effect until **Fiscal Assistance of Dane County, Inc.** has received written notification from the undersigned of its termination in such time and in such manner as to afford **Fiscal Assistance of Dane County, Inc.** and the bank named above a reasonable opportunity to act on it.

Name:	
Title:	
Signature:	
Date Signed:	

**PLEASE ATTACH COPY OF VOIDED CHECK FOR CHECKING ACCOUNT
AND DEPOSIT SLIP FOR SAVINGS ACCOUNT**