

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(ACH CREDITS)

I (we) hereby authorize the Town of Wareham/School Department to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) savings and/or checking account (s) indicated below and the depository named below, hereinafter called DEPOSITORY to credit and/or debit the same to such account.

DEPOSITORY (BANK)

Bank Name: _____

Address: _____

City, State, Zip code: _____

ABA/TRANSIT #: _____

Please provide a voided check with this form to ensure proper crediting at your bank. Please complete a separate form for each additional bank deposit (not to exceed 3) account numbers and amounts to be deposited at the above depository.

Checking or Savings	Account #	Amount
1) _____	_____	\$ _____
2) _____	_____	\$ _____
3) _____	_____	\$ _____

This authority to remain in full force and effect until the Town of Wareham/School Department has received written notification from me (or either of us) of its termination on such time and in such manner as to afford the Town of Wareham/School Department and Depository a reasonable opportunity to act on it.

Name(s) _____ Social Security # _____
(please print)

Date _____ Signature _____

07/01/06