



HEAD START OF LANE COUNTY

AUTOMATIC CREDIT AUTHORIZATION FORM

Company Name HEAD START OF LANE COUNTY	Company ID Number 93-0728229
I authorize HEAD START OF LANE COUNTY, hereinafter called COMPANY, to initiate credit entries to my checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.	
Please attach a sample check (void) or a copy of a check. OR Please attach your financial institutions completed direct deposit form (A deposit slip is not sufficient.)	
Bank Name	Branch
City	State, Zip
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
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 DEPOSITORY a reasonable opportunity to act on it.	
Name	Employee ID (if known)
Date	Signature
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	