

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

COMPANY NAME City of Frankfort COMPANY ID NUMBER 616001826

I hereby authorize FCB Services, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

SELECT ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

BANK NAME: _____

ROUTING NO. _____ ACCOUNT NO. _____

This authority 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 BANK a reasonable opportunity to act on it.

EMPLOYEE NAME _____
please print

SIGNATURE _____ DATE _____

PLEASE ATTACH A PHOTOCOPY OF A CHECK or A VOIDED CHECK, THANK YOU.