

**AUTHORIZATION AGREEMENT  
FOR AUTOMATIC DEPOSITS  
(ACH CREDITS)**

**A separate authorization agreement must be submitted for each account.**

I hereby authorize \_\_\_\_\_ PARISH to initiate credit entries to my bank account listed below:

BANK NAME:	
CITY:	ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
BANK # (9 digits):	ACCOUNT # (Include spaces and dashes):

Select One:  Fixed Amount (Please fill in amount you wish to deposit: \$ \_\_\_\_\_ )  
 100% of net **(REMAINDER OF NET)**

This authority is to remain in full force and effect until \_\_\_\_\_ PARISH has received written notification from me of its termination.

Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_