

## County of Northampton

## Authorization Agreement Direct Deposit

<sup>1752</sup> I/ We wish to have the County of Northampton deposit our payments directly into our account as indicated. We agree to notify the County of Northampton immediately of any changes to our financial information so that our payment may be properly processed. We understand that in the event the County of Northampton notifies our financial institution that we were not entitled to funds deposited into our account, our bank is authorized to debit our account for the amount of the adjustment. We understand that in the event our financial institution is not able to deposit the funds into our account due to action we have taken, the County of Northampton will not re-issue the funds to us until the funds are returned to the County of Northampton by our financial institution.

## PLEASE NOTIFY THE COUNTY OF NORTHAMPTON IMMEDIATELY OF ANY CHANGES TO YOUR BANKING INFORMATION.

Please do not close or change your account information without giving the County of Northampton two weeks prior notice.

PLEASE COMPLETE THE FOLLOWING:			
☑ Start Direct Deposit [	Cancel Direct Deposit	sit 🗌 Change Direct Deposit	
Contact Information:			
Company Name:			
Contact Name/Title:			
Current Address:			
Phone Number:			
E-mail Address:			
Date:			
Signature:			
Bank Information:	PLEASE INCLUDE		K WITH THIS FORM
Bank Name:			
<u>Transit Routing No.</u>	<u>Account Number</u>	Checking (Attach a Voided Che	Savings eck)
The following section is for Co			

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