

Swansea School Department  
Authorization agreement for Automatic Deposits

Town of Swansea

I (We) hereby authorize the Town of Swansea to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our)

Checking

Savings Account

(Select One)

Indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name	<input type="text"/>	Branch	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Transit/ABA No.	<input type="text"/>	Account No.	<input type="text"/>

I hereby authorize the Town of Swansea to deposit my full check to the account named above.

This authority is to remain in full force and effect until the Town of Swansea has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Town of Swansea - Treasurer's Office and DEPOSITORY a reasonable opportunity to act on it.

Name (s)	<input type="text"/>	Social Security No	<input type="text"/>
Date	<input type="text"/>		
Signed	<input type="text"/>	Signed	<input type="text"/>

Both must sign, if joint (account)

Please attach a VOIDED check for the account you want a deposit to, or take this form to your bank to complete and verify pertinent bank information.