

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
DEPOSITS (CREDITS)**

I hereby authorize WMSPT VOL FIRE & EMS (insert originating company name)
to initiate credit entries to my account number indicated below at the depositories named below
and to initiate, if necessary, debit entries or adjustments for any credit error.

Please attach a voided check.

1) Depository Name _____
City _____ State _____ Zip _____
Transit/Routing ABA # _____ Account Number _____
Account Type (check one only) Checking Savings
(Specify dollar amount or "Remaining Pay Balance") \$ _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until written notice of my intention to terminate this agreement (30 days notice is required) has been provided.

employee/creditor name - please print

date

employee /creditor signature

social security number