

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

AGENCY NAME: Mississippi Forestry Commission

I hereby authorize the above named agency to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking – Savings account indicated below and the depository name below, hereinafter call Depository, to credit and/or debit the same to such account.

DEPOSITORY:

NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
ACCOUNT NO. _____ TRANSIT/MICR NO. _____

This authority shall remain in full force and effect until the Agency has received written notification from me (or either of us) of it termination in such time and in such manner as to afford the AGENCY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE PRINT NAME

EMPLOYEE SIGNATURE

EMPLOYEE SOCIAL SECURITY
NUMBER

PLEASE CHECK: A - ADD C - CHANGE D - DELETE

ATTACH VOIDED BLANK CHECK OR COPY OF CHECK