

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH CREDITS)**

Company _____ Company _____
Name _____ ID Number _____

I (we) hereby authorize Lubbock County, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Routing _____ Account
Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Names(s) _____ ID Number _____
(Please Print)

Date _____ Signature _____

Email _____ Phone _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.