

# DESOTO PARISH POLICE JURY

## AUTHORIZATION FORM FOR DIRECT DEPOSIT AND SPLIT DEPOSIT VIA ACH (ACH CREDIT)

Check all that apply:  Begin Deposit  Change Information  Split among multiple accounts.

I have provided information for each of my accounts below.

I (we) hereby authorize DeSoto Parish Police Jury to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

### Account #1

• Checking Account • Savings Account (select one) at the depository financial institution (“DEPOSITORY”) named below.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Amount of credit (i.e., flat amount or percentage) \_\_\_\_\_

Date(s) and/or frequency of credit(s) • Bi-Weekly Payroll • Monthly Payroll

### Account #2

• Checking Account • Savings Account (select one) at the depository financial institution (“DEPOSITORY”) named below.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Amount of credit (i.e., flat amount or percentage) \_\_\_\_\_

Date(s) and/or frequency of credit(s) • Bi-Weekly Payroll • Monthly Payroll

Direct Deposit Form

Page 2

Account #3

• Checking Account • Savings Account (select one) at the depository financial institution (“DEPOSITORY”) named below.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

Amount of credit (i.e., flat amount or percentage) \_\_\_\_\_

Date(s) and/or frequency of credit(s) • Bi-Weekly Payroll • Monthly Payroll

***Attach a voided check or deposit slip for each account here.***

I (we) understand that this authorization will remain in full force and effect until I (we) notify the DeSoto Parish Police Jury in writing, that I (we) wish to revoke this authorization. I (we) understand that DeSoto Parish Police Jury requires at least 1 week prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

(Please Print)

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_