

# DIRECT DEPOSIT CREDIT AUTHORIZATION

I hereby authorize **Greene County** to initiate entries to credit my account indicated below at the financial institution named below.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

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

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

Type of Acct: \_\_\_Checking\_\_\_Savings

This authority is to remain in force until Greene County has received written notification from me of its termination in such time and manner as to afford Greene County a reasonable opportunity to act on it. **A copy of a voided check or a letter from the financial institution with routing number, account number and type of account must accompany this form to be effective.**

\_\_\_\_\_  
Print individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date