AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)

I(we) hereby authorize Nassau County, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit 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 Number*:_____ **Account Number***: _____

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

Name(s): _____ ID Number :_____

Email:_____ Contact Phone Number: _____

Contact Name (if different than enrollee): _____

Signature(s): _____Date:_____

Here is a sample of the voided check you <u>must</u> attach that shows the Routing Number and Account Number:

John Doe 1001
123 Main Street
Anytown, NY 12345 Date _____

_____ $

_____ Dollars
Bank Name
Bank Address
City, State, Zip

Memo _____ _____

:021001082: 123456789 1001

↓ Routing Number ↓ Account Number ↓ Check Number (do **<u>not</u>** include)

<u>REMEMBER TO ATTACH A BLANK VOIDED CHECK TO THIS FORM</u>