

# TOWN OF HINGHAM



Thomas Mayo  
Finance Director

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: TOWN OF HINGHAM

COMPANY ID #04-3091126

I (we) hereby authorize **TOWN OF HINGHAM**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error, to my (our) Checking ( ) or Savings ( ) account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**CHECKING ACCOUNT:** 100.00%

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

**SAVINGS ACCOUNT:** \_\_\_\_\_ DOLLAR \$ \_\_\_\_\_  
DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

This authorization is to remain in full force and effect until **The Town of Hingham** has received written notice from me of its termination in such time and such manner as to afford **The Town of Hingham** and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SS# \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the manner specified in the Authorization.