

# Mississippi Department of Wildlife, Fisheries, and Parks

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE LAST 4 OF SSN: \_\_\_\_\_

EMPLOYEE CONTACT NUMBER: \_\_\_\_\_

Bureau: \_\_\_\_\_ Wildlife \_\_\_\_\_ Parks \_\_\_\_\_ Museum

I hereby authorize the State of Mississippi to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

ABA ROUTING NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

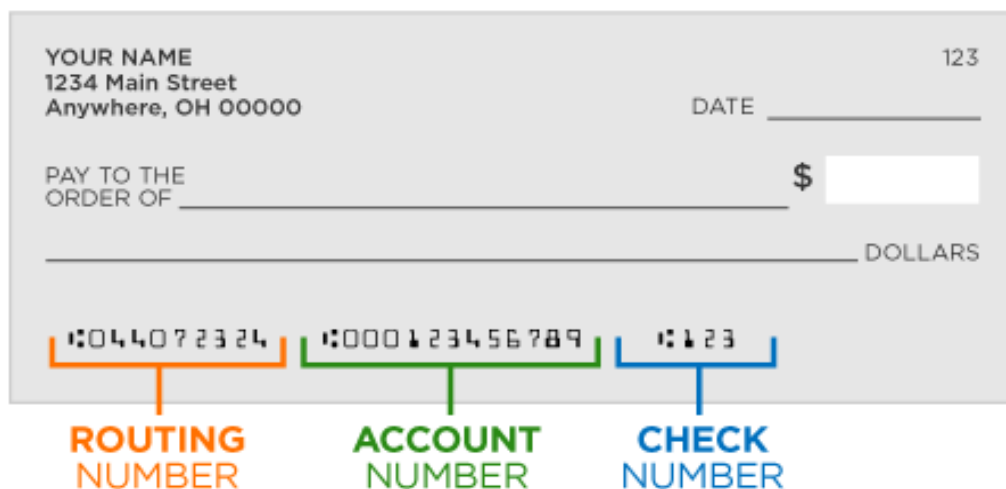
FINANCIAL INSTITUTION NAME: \_\_\_\_\_

This authority shall remain in full force and effect until the Agency has received written notification from the employee (or joint party if applicable), of its termination in such time and in such manner as to afford the agency and depository a reasonable opportunity to act on it.

PLEASE CHECK: \_\_\_\_\_ ADD \_\_\_\_\_ CHANGE BEGIN DATE: \_\_\_\_\_

\_\_\_\_\_ DELETE END DATE: \_\_\_\_\_

Attach a voided check or a bank provided ACH letter.



Return this form to the Mississippi Department of Wildlife, Fisheries, and Parks Human Resources Department.

\_\_\_\_\_  
Employee Signature (must be signed)

\_\_\_\_\_  
Date