

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SSN: \_\_\_\_\_

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 TRANSIT NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ACCOUNT TYPE  CHECKING  SAVINGS

DEPOSITORY NAME \_\_\_\_\_

BEGIN DATE: \_\_\_\_\_

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

\_\_\_\_\_  
EMPLOYEE SIGNATURE

PLEASE CIRCLE:      ADD                              CHANGE                              DELETE -END DATE \_\_\_\_\_

ATTACH VOIDED BLANK CHECK OR COPY OF CHECK

JANE DOE 1000 MAIN STREET ANYWHERE, U. S. A. 10001	_____
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
MEMO _____	_____

{ \_\_\_\_\_ }      { \_\_\_\_\_ }  
TRANSIT NO.      ACCOUNT NO

Submit this form with a voided check to:  
Administrative Services  
State Fire Academy  
#1 Fire Academy USA  
Jackson, MS 39208-9600

Please note that it takes approximately 30-45 days to begin the process for the first deposit.