

**Meade County
Authorization for Automatic Payment**

I authorize MEADE COUNTY and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

Checking Account No.: _____ (or)

Savings Account No.: _____

Financial Institution Routing No.: _____

EMPLOYEE NAME: _____
(PRINT)

EMPLOYEE ADDRESS: _____

EMPLOYEE SIGNATURE: _____

(ATTACH VOIDED CHECK HERE)