Tate County Board of Supervisors
910 E.F. Hale Drive
Senatobia, MS 38668
PHONE: 662-562-4647 * FAX: 662-562-7813

DIRECT DEPOSIT RELEASE FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) hereby authorize Tate County Board of Supervisors, hereinafter called COMPANY to INITIATE credit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called Depository, and to credit the same such account. I also authorize Tate County Board of Supervisors to make withdrawals in the event that a credit entry is made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the US Law.

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

Name: _____

Social Security Number: _____

Signature: _____ Effective Date: _____

Bank Name: _____

Checking _____ Savings _____

Routing Number: _____ Account Number: _____

Name(s) on the Account: _____

Please attach a voided check or deposit slip