AUTHORIZED AGREEMENT FOR

AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name: CHESTER COUNTY COUNCIL,BSA

I (we) hereby authorize CHESTER COUNTY COUNCIL,BSA , hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name:_____ Branch:_____

City:_____ State:_____ Zip Code:_____

Transit/ABA No. _____ Account No. _____

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

Name(s):_____ File No. _____
(Please Print)

Signed _____ Signed _____

Date _____

Note: Please attach a copy of your check (not a deposit slip) for verification with this agreement. Please be advised that your first check will be a live check. After the pre-note per your bank is successful, it is your responsibility to verify with your bank that your deposit has been posted to your account. It is not BSA Payroll Department responsibility to verify this transaction. Your direct deposit will become effective the next pay period.

SUBMIT TO: Accounting Specialist