

TOWN OF HINGHAM



RETIREMENT BOARD

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: HINGHAM CONTRIBUTORY RETIREMENT BOARD

COMPANY ID#04-3091126

I (we) hereby authorize **Hingham Contributory Retirement Board**, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error, to my (our) Checking () or Savings () account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

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

NAME _____

DATE _____ SIGNED _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the Originator in the manner specified in the Authorization.