



**TOWN OF HOLLISTON
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS/DEBITS)**

Company Name _____

Company Tax ID Number _____

I (we) hereby authorized the Town of Holliston, hereinafter called COMPANY, to initiate credit entries in my (our) _____ Checking or _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I understand that the Town of Holliston may cause my account to be adjusted to the extent necessary to correct any over-deposits via ach debit(s), and I agree to hold harmless my DEPOSITORY, UNIBANK and the TOWN OF HOLLISTON for any erroneous deposits or adjustments not caused by the financial institution.

PLEASE ATTACH A VOID CHECK

Depository Name _____

Street Address _____

City _____ State _____ Zip _____

Name on Account _____

Routing Number _____ Account Number _____

Email Address to Notify of Deposit: _____

This authorization 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 matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Title _____ Phone No. _____
(Please Print)

Date _____ Signature _____

_____ Combine all invoices and deposit one amount OR
_____ Separate deposit for each invoice