



**BENSENVILLE FIRE PROTECTION DISTRICT**

500 S. York Road, Bensenville IL 60106

Non-Emergency (630) 350-3441 Fax (630) 350-3421

**New Agreement**

**Change Account**

**Savings Account**

**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize Bensenville Fire Protection District hereinafter referred to as "Company" to initiate credit entries for sums to and payable to me to my checking, savings or other account indicated below and the Financial Institution named below, hereafter referred to as "Depository" to credit the same to such account. I also authorize Company to initiate debits for sums due to the Company to initiate debits for sums due to the Company for erroneous deposit or deposits at the Depository. The authority is to remain in full force and effect until the Company has received written notification from me of its termination.

**Select One:**       Checking Account       Savings Account

Financial Institution:

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_ Amount \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts  
Form will not be processed without information below

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$	<input type="text"/>
MEMO _____	X _____	DOLLARS
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		

Transit/ABA No.

Account No.