

Authorization Agreement for Automatic Deposit (ACH Credits)

PLEASE RETURN TO RENHILL BY FAX OR MAIL

Fax: 419-254-2917 or 419-254-2915

Mail: 2650 N. Reynolds Rd. Toledo, OH 43615

I hereby authorize Renhill to provide my pay in the following form:
__ direct deposit (complete below info)

I hereby authorize Renhill to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

Financial Institution

Name: _____

Routing #: _____

**Nine digit number that appears on the bottom of a check or deposit slip.*

Account Number: _____

Type of Account: **Checking** _____ **Savings** _____

Location of Financial Institution: _____

Phone Number of Financial Institution: _____

This authorization is to remain in full force until Renhill has received written notification from me of its termination. A new Authorization Agreement must be completed for new account information or new financial institution.

Name: _____ SSN # _____

Date: _____ Signature: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK FOR THE ACCOUNT LISTED ABOVE.

Signature

Date