

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
by Gwinnett County Government**

Along with this original authorization form, an original preprinted check must be submitted to the Gwinnett County Treasury Division, 75 Langley Drive, Lawrenceville, Georgia 30046-6935.

VENDOR NAME _____

VENDOR ADDRESS _____

Email notification address _____

I (we) hereby authorize Gwinnett County Government, the originator, to initiate credit entries to my (our) company at the depository financial institution named below and to credit such account.

BANK NAME _____

BANK ADDRESS _____

ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____

Checking Account **Or** **Savings Account**

This authorization is to remain in full force and effect until Gwinnett County Government receives written notification of termination and in such a manner to afford Gwinnett County Government and the Depository a reasonable opportunity to act upon the notification for termination.

DATE _____

Primary authorizer:

NAME _____ TITLE _____

SIGNATURE _____

And (Dual Signature Authorization Required)

Secondary authorizer:

NAME _____ TITLE _____

SIGNATURE _____

Or

NOTARY _____

(Notary Seal)

DATE _____