

**POLICIES AND PROCEDURES  
FOR AUTOMATIC DEPOSIT**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT**

An Automatic Deposit may be canceled at any time utilizing the the Authorization Agreement and selecting the "cancel" option. Fixed amount deposits and priorities may also be changed at any time.

Your employer will make all reasonable efforts to ensure that complete, accurate information is given to the Federal Reserve within established time frames. However, once the data enters the ACH system, your employer cannot be held responsible errors made by the receiving financial institutions. Your employer also reserves the right to issue a payroll check in lieu of Automatic Deposit in the event of extenuating circumstances which prevent timely deposit.

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**FOR LAKE COUNTY EMPLOYEES:**

**Full Time** employees may have a maximum of three deposits, one of which must be the balance of their net pay. **Part Time** employees may deposit their total net pay into a single account. You will receive a stub with payroll information.

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

Social Security Number: \_\_\_\_\_

Action (check one): New \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

Institution Name and Location: L.C.E. Federal Credit Union  
77 North St. Clair St. Painesville, Ohio 44077 440-357-2560

Transit/ABA Number: 241280980 Account Number: \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_  
(Amount/Percentage) (Amount/Percentage)

I hereby authorize \_\_\_\_\_  
(Employer's Name)

To initiate credit entries, and to initiate, if necessary, debit entries to make adjustments for any credit entries made in error to my account or accounts listed, and authorize the depository named above, to credit and/or debit the same to such account. This authority is to remain in full force and effect until my employer has received written notification from me of its termination in such time and in such time and in such manner as to afford my employer and Depository a reasonable opportunity to act on it. I have read, understand, and will comply with the policies and procedures involving Automatic Deposits.

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

Authorized Signature Depository): \_\_\_\_\_ Date: \_\_\_\_\_