Georgia Power Northwest
Federal Credit Union
906 N Broad Street SE • Rome, Georgia • 30161

Authorization Agreement for Automatic Deposits (ACH credits)

Company/Employer (Issuer) Name: _____

I authorize the above named **Company** and financial institution to electronically deposit my net pay to the specified Account(s) each payday.

DEPOSIT 1

Account Type ◯ Checking ◯ Savings

Account Number _____

ABA Routing Number **261172573**

Deposit Amount _____% **OR** $_____

DEPOSIT 2 (Optional)

Account Type ◯ Checking ◯ Savings

Account Number _____

ABA Routing Number **261172573**

Deposit Amount _____% **OR** $_____ **OR** ◯ Net (Remaining Amount)

If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds. I understand the credit union has permission to reverse any funds to which I am not entitled. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing.

_____

First Name | Middle Name | Last Name

_____

Address | City | State | Zip

_____

Telephone Number | Work Number | Email

_____

Signature | Date