



Authorization Agreement for Automatic Deposits (ACH) Credits

I hereby authorize Frost Bank, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to my ___ **Checking** ___ **Savings** account (select one) indicated below and the Bank named below to credit and/or debit the same account. This completed document may be faxed directly to Frost Bank at 1-210-220-5577 or sent to the City of Plano to be forwarded to Frost Bank.

To Be Completed by Retirement Plan Participant

Name of Company for which retirement is received: **City of Plano Retirement Security Plan**

Participant Name: _____ Employee ID#: _____

Social Security Number: XXX-XX- _____ (last 4 digits only)

Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____ Telephone #: _____

Transit/ABA #: _____ Account #: _____

This authorization is to remain in full force and effect until Frost Bank has received written notification from me of its termination in such time and in such manner as to afford Frost Bank a reasonable opportunity to act on it.

Participant Signature: _____ Date: _____

You may also attach a voided check below.