

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

School District: \_\_\_\_\_

I (we) hereby authorize the School District to initiate credit entries to my (our) checking account/savings account indicated below at the depository financial institution named below, hereafter called the DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

**Deposit #1** Savings/Checking (Circle One) Amount \$ \_\_\_\_\_

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Deposit #2** Savings/Checking (Circle One) Amount \$ \_\_\_\_\_

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Deposit #3** Savings/Checking (Circle One) Amount \$ \_\_\_\_\_

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until the School District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the School District and DEPOSITORY a reasonable opportunity to act on it.

**Please attach a voided check for all checking accounts.**

Name(s): \_\_\_\_\_  
PLEASE PRINT PLEASE PRINT

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

EMAIL Address: \_\_\_\_\_

NOTE; WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.