

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Company Name: **SISTERS SCHOOL DISTRICT #6**

Company ID Number: **93-6000398**

I (we) hereby authorize SISTERS SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries as indicated below at the depository financial institution named, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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

Routing Number: \_\_\_\_\_ City: \_\_\_\_\_

Account Number: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Please select one: Checking Account  or Savings Account

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

Name(s): \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:**

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM FOR ACCOUNT & ROUTING NUMBER VERIFICATION.**

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

**PLEASE RETURN THIS SIGNED FORM TO THE PAYROLL DEPARTMENT AT THE DISTRICT OFFICE BY THE 10th OF THE MONTH IN WHICH YOU WOULD LIKE THE DIRECT DEPOSIT TO START.**