

DELEON ISD
ELECTRONIC CREDIT AUTHORIZATION
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize De Leon Independent School District, hereinafter called COMPANY, to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries made in error to my account(s) which is/are indicated as the depository(ies) named below, hereinafter called DEPOSITORY, and to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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

Depository (Bank) Name _____ Branch _____

Bank Address _____ City _____ State _____ Zip _____

- | | |
|---|---|
| <input type="checkbox"/> Begin Direct Deposit | <input type="checkbox"/> Change Bank/Account Number |
| <input type="checkbox"/> Add/Delete Secondary Account | <input type="checkbox"/> Cancel Direct Deposit |

-
- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
|-----------------------------------|----------------------------------|

Routing Number _____ Account Number _____

- Please deposit my entire earnings into this account every month.
- Please deposit \$_____ of my earnings into this account every month with the balance being deposited into the account(s) listed below.

Depository (Bank) Name _____ Branch _____

Bank Address _____ City _____ State _____ Zip _____

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
|-----------------------------------|----------------------------------|

Routing Number _____ Account Number _____

- Please deposit the balance of my earnings into this account every month.

EMPLOYEE _____ SS# _____

SIGNATURE _____ DATE _____

Please attach a "VOIDED" CHECK or bank verification of routing and account number