

AUTHORIZATON AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

Northwestern Consolidated School District of Shelby County

I hereby authorize Northwestern Consolidated School District of Shelby County, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Dollar Amount: Entire pay check or \$ _____ (Circle one)

TRANSIT ABA No. _____

ACCOUNT NO: _____

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

NAME: _____ **Date:** _____
(Please Print)

SIGNED: X _____

SIGNED: X _____
(On a joint account, both parties must sign)

EMPLOYEE NOTICE: If you do not know the above information, your bank or credit union will help you fill out this form.

ATTACH VOIDED CHECK HERE