

GAINESVILLE INDEPENDENT SCHOOL DISTRICT

Authorization Agreement for Automatic Deposits (ACH Credits)

COMPANY NAME: GAINESVILLE INDEPENDNET SCHOOL DISTRICT

I hereby authorize Gainesville ISD, hereinafter called COMPANY, to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credits in error to my account (selected below) and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository (Employee) Name:

Routing/ABA Number:

Bank Name:

Location:

Checking Account Number:

Savings Account Number: Amount:

Depository (Employee) Name:

Routing/ABA Number:

Bank Name:

Location:

Checking Account Number:

Savings Account Number: Amount:

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 it.

Name:

Current Date: Campus:

Signature Field:

NOTE: If the transit/ABA number is not filled in, this form will be returned to you, therefore delaying the effective date of the direct deposit.

***A prenote will be done upon receipt of this form; the actual Direct Deposit will take effect one paycheck following receipt of this form.