

YELLVILLE-SUMMIT SCHOOL DISTRICT

**AUTHORIZATION AGREEMENT
DIRECT DEPOSIT OF PAYROLL CHECKS
Automatic Payments (ACH Credits)**

I, _____ hereby authorize the Yellville-Summit School District, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

(Financial Institution Name) (Branch)

(Financial Institution Address) (City/State) (ZIP)

(Routing Number) (Account Number)

Type of Account: _____ Checking _____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me, or my designated representative, of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

(Requestor's Name - Please Print) (Requestor's Social Security No.)

(Requestor's Signature) (Date)

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM!