

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)
(Please type or print)

Initial Authorization (first time to submit information)

Changing Banks

Same Bank, New Account Number

COMPANY
NAME Elizabethtown Independent Schools

COMPANY
ID NUMBER N/A

I (We) hereby authorize Elizabethtown Independent Schools, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **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 _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____
(First 9 digits located in the lower left hand corner of your check)

This authority 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)

DATE _____ **SIGNED X** _____

ATTENTION: PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES

<p>****ADDITIONAL NOTE: If, due to circumstances beyond our control, we cannot complete the direct deposit transactions, you will receive a check for that pay period. You will be notified if this occurs.</p> <p style="text-align: center;">IT IS THE EMPLOYEE'S RESPONSIBILITY TO INFORM THE PAYROLL OFFICE OF ANY CHANGE IN THEIR BANK ACCOUNT STATUS.</p>
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