

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: **Edgewood-Colesburg Community School District**

Company ID Number: 42-6040190

I hereby authorize Edgewood-Colesburg Community School District hereinafter called, COMPANY, to initiate credit entries to my () **Checking** () **Savings** account, **please select one**, indicated below at the depository named below, hereinafter called Depository.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER: _____ ACCOUNT NUMBER _____

This authorization 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 _____ SOCIAL SECURITY NUMBER _____

DATE _____

SIGNED _____

Email direct deposit stub to: _____

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH THE CREDIT DEPOSITED TO INSURE CORRECT INFORMATION.