

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)  
(DIRECT PAYROLL DEPOSIT)**

Company Name:           MANSFIELD INDEPENDENT SCHOOL DISTRICT          .

I hereby authorize MANSFIELD INDEPENDENT SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries, and adjustments for credit entries in error to my CHECKING and/or SAVINGS account indicated below and, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.

**ACCOUNT ONE**

ACCOUNT INFORMATION (circle one)                      **NEW**                      **KEEP EXISTING**

TYPE OF ACCOUNT (circle one)                      **CHECKING**                      **SAVINGS**

**\*\*THIS ACCOUNT WILL BE YOUR NET AMOUNT\*\***

**ACCOUNT TWO (OPTIONAL)**

TYPE OF ACCOUNT (circle one)                      **CHECKING**                      **SAVINGS**

AMOUNT OF DEPOSIT                      \$ \_\_\_\_\_

**ATTACH A VOIDED CHECK OR BANK FORM FOR EACH  
ACCOUNT**

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.

Written termination of the above authority must be received 15 working days prior to specified payday.

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
(PLEASE PRINT)

POSITION: \_\_\_\_\_

**\*\*Please note if filling out this form after the 1<sup>st</sup> of the month this direct deposit will not go in until the following month.**

**If you need your current direct deposit stopped immediately please check this box [ ] and be sure to fill out the STOP DIRECT DEPOSIT FORM.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_