

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS
ALTO ISD**

I hereby authorize ALTO ISD, hereinafter called AISD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking account

_____ Savings account

indicated below and the depository names below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

_____		_____	
Depository Name		Branch	
_____		_____	_____
City		State	Zip
_____		_____	
Transit/ABA Number		Account Number	

This authority is to remain in full force and effect until AISD has received written notification from me of its termination in such time and in such manner as to afford AISD and DEPOSITORY a reasonable opportunity to act on it.

Name

Last 4 digits of SS #	Date
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Signature

AISD Accepted by	Date
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Attach voided check