

**** A VOIDED CHECK OR BANK AUTHORIZATION FORM MUST BE ATTACHED TO THIS FORM****

I hereby authorize Cleburne Independent School District, herin after called Company, to initiate credit entries and/or correction entries to my _____Checking_____Savings account (select one) indicated below at the depository named below, herein after called DEPOSITORY, to credit the same to such account.

BANK NAME

CITY/STATE

BANK TRANSIT/ABA NUMBER
(9 digit # starting with 11 on bottom of check)

ACCOUNT NUMBER
(See bank statement)

This authorization is to remain in full force 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 reasonable opportunity to act upon it.

NAME

SIGNATURE

DATE

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FIRST CHECK WILL BE A PAPER CHECK. ALL SUBSEQUENT CHECKS WILL BE ISSUED BY DIRECT DEPOSIT.