



Montgomery County
Public Schools

REQUIRED ACH DEBIT AUTHORIZATION FORM

Authorization Agreement

I hereby authorize Montgomery County Schools to initiate automatic debit entries (withdrawals) from my account at the financial institution named below. I also authorize **Montgomery County Public Schools** to make credit corrections to this account in the event that a debit entry is made in error.

We will debit your checking account for your **Anthem Health Insurance premium** on the third working day of each month in the amount of \$_____.

Further, I agree not to hold **Montgomery County Public Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting or crediting funds to my account.

This agreement will remain in effect until **Montgomery County Public Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH Debit Authorization Form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and return this form to the Payroll Department with the enrollment application and election form.