



# Wharton INDEPENDENT SCHOOL DISTRICT

WHARTON, TEXAS

2100 N. Fulton  
Wharton, Texas 77488

979-532-6200 (Phone)  
979-532-6228 (Fax)

## Authorization Agreement for Direct Deposit (ACH Credits)

Employee Name \_\_\_\_\_ Campus \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Wharton ISD, hereinafter called COMPANY, to initiate credit entries to my Checking/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH Transactions to my account must comply with the provisions of the U.S. Law.

Depository Name \_\_\_\_\_

Branch Address \_\_\_\_\_  
\_\_\_\_\_

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

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A VOIDED CHECK FROM YOUR DEPOSITORY**