



Oakes Public School

804 Main Ave. Oakes, ND 58474
Phone: (701) 742-3234 Fax: (701) 742-2812
www.oakes.k12.nd.us

Authorization Agreement for Direct Deposits – ACH Oakes Public Schools

I hereby authorize Oakes Public Schools to initiate credit entries to my checking/savings account (s) indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____

Routing Number _____

Account Number _____

Please Circle One: Savings or Checking *Please Choose One:* Amount \$_____ or Balance of Check

Depository Name _____

Routing Number _____

Account Number _____

Please Circle One: Savings or Checking *Please Choose One:* Amount \$_____ or Balance of Check

This authorization is to remain in full force and effect until Oakes Public Schools has received written notification from me of its termination in such time and in such manner as to afford the Oakes Public Schools and the Depository a reasonable opportunity to act on it.

Email address: _____

Signature _____

Date _____