

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

MIDLAND INDEPENDENT SCHOOL DISTRICT

I hereby authorize Midland Independent School District to initiate credit entries to my **(select one)** **Checking** _____ **or Savings** _____ account indicated below and the depository name below, hereinafter called Depository, to credit the same to such account.

NAME OF BANK/CREDIT UNION _____

CITY (account opened) _____ **STATE** _____

MISD USE ONLY
BANK CODE

ROUTING NO. _____ **ACCOUNT NO.** _____

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

PAYROLL TYPE:	PAYROLL 4 _____	PAYROLL 5 _____	MONTHLY _____
(CHECK ONE)	(MAINT/CUST/SUBS)	(CNS/TRANSP)	

NAME _____ **ID/SS NUMBER** _____

(PLEASE PRINT)

SIGNED _____ **DATE:** _____

***** A VOIDED CHECK OR COPY OF MEMBERSHIP INFORMATION MUST BE ATTACHED *****
FOR THIS FORM TO BE PROCESSED