

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize ROGUE RIVER SCHOOL DISTRICT to (check one) initiate_____ change_____ terminate_____ credit entries to the account(s) indicated below at the depository financial institution named, hereinafter 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 U.S. law.

Bank #1

Depository Name_____ Branch_____

City_____ State_____ Zip_____

Routing Account
Number_____ Number_____

Type of Account: _____Checking or _____Savings
Please Select: _____ Total Net Check or \$_____ Fixed Monthly Dollar Amount

Bank #2 (Optional)

Depository Name_____ Branch_____

City_____ State_____ Zip_____

Routing Account
Number_____ Number_____

Type of Account: _____Checking or _____Savings
Please Select: _____ Total Net Check or \$_____ Fixed Monthly Dollar Amount

MANDATORY -ATTACH A VOIDED CHECK OR A DIRECT DEPOSIT SETUP NOTICE FROM YOUR BANK

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

Name_____

Date_____ Signature_____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.