

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize the **Phenix City Board of Education**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository/bank named below, to credit and/or debit the same to such account.

DEPOSITORY (BANK) NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

This authorization is to remain in full force and effect until the Phenix City Board of Education has received written notification from me of its termination in such time and in such manner as to afford the Phenix City Board of Education and depository/bank a reasonable opportunity to act on it.

NAME (please print): \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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

**ATTACH VOIDED CHECK HERE**