AUTHORIZATION AGREEMENT FOR ACH DIRECT DEPOSIT

CLIENT INFORMATION

Client Name _____

Federal ID # _____

Client Contact _____ Title _____

Mailing Address _____

City _____ State _____ ZipCode _____

Phone # _____ Fax # _____

Email _____

BANK INFORMATION

Account Name _____

Bank Name _____

Routing Number _____

Account Number _____

Check One Checking ☐ Savings ☐

AUTHORIZATION

I hereby authorize San Benito CISD to settle into the designated account above for specified transaction types below. This authorization for direct deposit will remain in effect until written notice of cancellation.

Printed Name _____

Title _____

Authorized Signature _____

Date Signed _____

Please indicate transaction date for settlements to begin _____

RETURN

Please mail signed original form(s) to:

San Benito CISD Accounts Payable
Attn: Accounting Director
240 N. Crockett St.
San Benito, TX 78586

Please use a seperated ACH Form for each designated bank account.

A fillable form can also be found on www.sbcisd.net > Departments > Finance & Operations > Forms > ACH Form