Wink-Loving Independent School District
Authorization Agreement For Automatic Deposits
(ACH Credits)

I, _____, authorize Wink-Loving ISD to initiate credit entries to my account at:

Name of Financial Institution:_____

Routing Number:_____

Type of Account: Checking _____ **(please attach a voided check)**

Savings _____ **(please attach a copy of your savings card or letter from financial institution that states your name, routing number, account number)**

Account Number:_____

Amount:_____

This authorization shall remain in full force and effect until I terminate it in writing by sending my notice at least thirty (30) days prior to the date of the next scheduled credit to:

Wink-Loving ISD

Attention: Business Manager

P.O. Box 637

Wink, Texas 79789

_____

Name (Please print)

_____

Date

_____

Signature

Please Attach Voided Check Here