

Killingly Public Schools

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

KILLINGLY BOARD OF EDUCATION

I (we) hereby authorize the Killingly Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our)

☐ Checking
(select one)

☐ Savings Account

Indicate below the depository named, hereinafter called DEPOSITORY/BANK, to credit and/or debit the same to such account.

BANK NAME _____

BRANCH _____

CITY _____

STATE _____

ACCOUNT# _____

I hereby authorize the Killingly Board of Education to deposit my full check to the account named above.

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

NAME(S) _____

Soc. Security# _____

DATE _____ SIGNED _____ SIGNED _____

(both must sign if joint account)

- Checking Accounts - Attach either a voided check or a bank direct deposit enrollment request form.
- Savings Accounts- Attach a bank direct deposit enrollment request form.