



YAZOO COUNTY SCHOOLS

"Creating Next Generation Leaders"

OFFICE OF THE SUPERINTENDENT

94 Panther Drive
Yazoo City, Mississippi 39194
Phone: 662.746.4672
Fax: 662.746.9270
www.yazoo.k12.org

Dr. Terri Rhea, Superintendent
Charlotte Scott, Assist. Superintendent

SECTION 1

CREATE OR CHANGE EFT ACCOUNT

To create or change EFT, Check appropriate box below & complete sections 2 & 3.

If cancellation, check box below and complete sections 2 & 4.

- ☐ New ACH Account Setup Request
- ☐ Change Financial Institution
- ☐ Change Account Number
- ☐ Change Account Type

☐ Cancellation

SECTION 2

AUTHORIZATION FOR SETUP, CHANGE, OR CANCELLATION

I authorize Yazoo County School District (YCSD) to process payments owed to me for services authorized by the school district. Per my request, YCSD shall deposit my payment directly to my bank account indicated below using Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this authorization form, processing may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize YCSD to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize YCSD to withhold any payment owed to me by YCSD until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to YCSD. The change or revocation is effective on the day YCSD processes the request.

I certify that I have read and agree to comply with YCSD rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize YCSD to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits per this agreement and that all information provided is accurate.

Printed Name

Title

Date

Signature

Email Address

SECTION 3 (PLEASE TYPE OR PRINT CLEARLY)

Account Detail Information

Company Name: _____

Financial Institution Name: _____

Bank Address: _____

Bank Routing Number: _____

Bank Account Number _____

Type of Account: ____ Checking ____ Savings

SECTION 4

Cancellation

Reason for Cancellation: _____

Email this completed form to stephanie.bradshaw@yazook12.org or mail to Yazoo County School District, Attention Stephanie Bradshaw, 94 Panther Drive, Yazoo City MS 39194. If you have any questions about this form or the EFT payment process, please feel free to contact Stephanie at the email listed above or call 662-746-4672, extension 1011.