CACHE COUNTY
SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Cache County School District (CCSD) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Employee Name _____

Date of Birth _____ Employee ID (if known) _____

Address _____

City_____ State_____ Zip Code_____

DEPOSITORY FINANCIAL INSTITUION/BANK NAME:	
BANK ROUTING NUMBER:	ACCOUNT TYPE: (CIRCLE ONE) CHECKING SAVINGS
ACCOUNT NUMBER:	

This authority is to remain in full force and effect until CCSD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CCSD and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date_____

PLEASE ATTACH A VOIDED CHECK OR DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR BANK