

Authorization Agreement for Direct Deposits (ACH Credits)

Company Name: Alabaster City Board of Education

I hereby authorize ALABASTER CITY SCHOOLS, hereinafter called COMPANY, to initiate credit entries to my Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Debit entries to reverse any transactions originated in error are also authorized.

This authorization is ☐ new or a ☐ change.

Account Type: ☐ checking or ☐ savings (choose 1 only)

PLEASE STAPLE A VOIDED CHECK FOR ROUTING AND TRANSIT NUMBER HERE.

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

NAME: _____
(Please Print)

DATE: _____ SIGNATURE: _____

****PLEASE DO NOT USE A DEPOSIT SLIP** because many banks print internal transaction codes instead of routing and transit numbers on their deposit slips.