

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(ACH CREDITS)

I do hereby authorize the Boaz City Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry made in error to my account the indicated below and Depository named below, to credit and/or debit the same to such account.

BANK NAME _____

BANK ROUTING NUMBER _____

CIRCLE ONE CHECKING OR SAVINGS

ACCOUNT NUMBER _____

AMOUNT TO DEPOSIT _____

If you would like to go to multiple accounts please complete the information below.

BANK NAME _____

BANK ROUTING NUMBER _____

CIRCLE ONE CHECKING OR SAVINGS

ACCOUNT NUMBER _____

AMOUNT TO DEPOSIT _____

This authority is to remain in effect until the Boaz City Board of Education has received written notification from me.

NAME _____ DATE _____

SIGNATURE _____

E-MAIL ADDRESS _____

A VOIDED CHECK MUST BE ATTACHED