

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)

I (we) hereby authorize Raymondville ISD, hereinafter called COMPANY, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) _____ CHECKING _____ SAVINGS account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Name of Financial Institution: _____

City: _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

**** IMPORTANT ****

PLEASE ATTACH A VOIDED CHECK FOR CODE(S) VERIFICATION

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

Employee Name (Print) _____ Social Security No. _____

Employee Signature _____ Date _____

SUBMIT TWO WEEKS PRIOR TO PAYROLL