



Sisters School District

"Home of the Outlaws"

SISTERS SCHOOL DISTRICT # 6 AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I (we) hereby authorize SISTERS SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries as indicated below at the depository financial institution named, hereinafter called DEPOSITORY, and to credit the same to such account. I(we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____ Branch: _____

Routing Number: _____ City: _____

Account Number: _____ State: ____ Zip Code: _____

This authorization 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 to act on it.

Name(s): _____

Signature

Date

Please attach a voided check to this form for account and routing verification. All written credit authorizations *must* provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. **Please return this form to the Human Resources Department by the 10th of the month in which you would like the direct deposit to start.**