



**Jacksonville School District #117
Authorization Agreement for Direct Deposit (ACH Credits)**

Name:

Company Name: Jacksonville School District 117

I hereby authorize, Jacksonville School District 117, hereinafter called COMPANY, to initiate credit entries to and initiate debit entries and adjustments for any credit entries in error to my:

Checking Account Savings Account

indicated below and the depository name below hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name:

City:

State:

Zip Code:

Transit/ ABA Number:

Account Number:

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.

Date:

Signature:

Please note your first pay will be by check and the following pays will be direct deposit.

PLEASE ATTACH A COPY OR VOIDED CHECK IF YOU ARE CHOOSING TO DEPOSIT INTO A CHECKING ACCOUNT.