

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(ACH CREDITS)

Company Name: Jacksonville City Schools

Company ID Number: 63-0991635

I (we) do hereby authorize the above named company, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Bank Name: _____		
City: _____	State: _____	Zip Code: _____
Type of Account:	Checking Account: <input type="checkbox"/>	Savings Account: <input type="checkbox"/>
Transit / ABA Number:	_____	_____
Account Number:	_____	

Affix a voided check to this form.

This authority is to remain in 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 upon it.

Name(s): _____ SS#: _____

Date: _____ Signed: _____

Email Address: _____

Direct deposit check stub will be emailed to this email address. You must notify Candy Seeger with Payroll at the Central Office by the 10th of the month with a current email address if this email address changes.