



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize Cache County School District (CCSD) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Employee Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employee ID (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DEPOSITORY FINANCIAL INSTITUION/BANK NAME:	
BANK ROUTING NUMBER:	ACCOUNT TYPE: (CIRCLE ONE) CHECKING  SAVINGS
ACCOUNT NUMBER:	

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**