

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

School District Name Southgate Community School District School District Id Number 38-6004164

I (we) hereby authorize Southgate Community School District, hereinafter called **SCHOOL DISTRICT**, to initiate credit entries and to 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.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

(Routing #)

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

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

EMPLOYEE _____

(PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____

All you need do is:

1. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, financial institution name and branch location.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and the routing number of the bank or credit union. If it is a savings account or you are unsure of the information call your bank and they will be able to help you.
4. Sign and date the form. Two signatures are required if the account is jointly held.
5. Return to Sandy Forgach in the Payroll Department.