

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

EDGEWOOD INDEPENDENT SCHOOL DISTRICT

I (we) hereby authorize the Edgewood Independent School District to initiate credit and/or debit entries to my (our) accounts indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit and/or debit the same to such account(s). I understand that debit entries are authorized only to return funds to EISD in the case that funds are deposited into my account that I am not entitled to.

PRIMARY BANK ACCOUNT: #1

Checking account or Savings account - please select

DEPOSITORY NAME BANK _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER: _____

ACCOUNT NUMBER _____

ADDITIONAL BANK ACCOUNTS (if any): #2

Checking account or Savings account - please select

AMOUNT TO EFT TO THIS ACCOUNT: \$ _____ MUST specify amount

DEPOSITORY BANK NAME IF DIFFERENT FROM ABOVE: _____

ADDITIONAL ACCT ROUTING # _____ ACCT # _____

ADDITIONAL BANK ACCOUNTS (if any): #3

Checking account or Savings account - please select

AMOUNT TO EFT TO THIS ACCOUNT: \$ _____ MUST specify amount

DEPOSITORY BANK NAME IF DIFFERENT FROM ABOVE: _____

ADDITIONAL ACCT ROUTING # _____ ACCT # _____

ADDITIONAL BANK ACCOUNTS (if any): #4

Checking account or Savings account - please select

AMOUNT TO EFT TO THIS ACCOUNT: \$ _____ MUST specify amount

DEPOSITORY BANK NAME IF DIFFERENT FROM ABOVE: _____

ADDITIONAL ACCT ROUTING # _____ ACCT # _____

NOTE: ALL REMAINING MONEY FROM DEPOSIT WILL BE DEPOSITED IN THE PRIMARY ACCOUNT.

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

EMPLOYEE PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE OF ACCOUNT OWNER(S): _____

DATE: _____

MUST ATTACH A COPY OF A VOIDED CHECK(S) OR OTHER ACCT INFO FOR VERIFICATION!