

# Hampton School District

## Authorization Agreement for Automated Deposits (ACH Credit)

Company Name

I hereby authorize

, hereinafter called COMPANY, to initiate credit

entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Checking

and/or

Savings

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

**Financial Institution Name**

**City**

**State**

**Zip Code**

**Bank Routing No.**

**Checking Account No.**

**Savings Account No.**

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

Employee Name

Social Security No.

Address

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Employee Signature \_\_\_\_\_

Date